

# 2009 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L04000087533

FILED  
Apr 29, 2009  
Secretary of State

Entity Name: PRIME GROUP DEVELOPERS USA, L.L.C.

**Current Principal Place of Business:**

16375 N.E. 18 AVENUE  
SUITE 322  
NORTH MIAMI BEACH, FL 33162 US

**New Principal Place of Business:**

**Current Mailing Address:**

19111 COLLINS AVE  
2603  
SUNNY ISLES, FL 33160 US

**New Mailing Address:**

FEI Number: 20-2493667

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

**Name and Address of Current Registered Agent:**

SAFDIE, JOSE  
16375 N.E. 18 AVENUE  
SUITE 304  
MIAMI, FL 33162 US

**Name and Address of New Registered Agent:**

DICHI, DAVID  
19111 COLLINS AVE  
2603  
SUNNY ISLES, FL 33160 US

The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida.

SIGNATURE: LEONARDO ROTH

04/29/2009

Electronic Signature of Registered Agent

Date

**MANAGING MEMBERS/MANAGERS:**

Title: SEC (X) Delete  
Name: SAFDIE, JOSE  
Address: 6375 N.E. 18 AVENUE STE 322  
City-St-Zip: NORTH MIAMI BEACH, FL 33162

Title: MGRM ( ) Delete  
Name: DICHI, DAVID  
Address: 19111 COLLINA AVE APT 2603  
City-St-Zip: SUNNY ISLES, FL 33160 US

**ADDITIONS/CHANGES:**

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Chapter 119, Florida Statutes. I further certify that the information indicated on this report is true and accurate and that my electronic signature shall have the same legal effect as if made under oath; that I am a managing member or manager of the limited liability company or the receiver or trustee empowered to execute this report as required by Chapter 608, Florida Statutes.

SIGNATURE: DAVID DICHI

MNGR

04/29/2009

Electronic Signature of Signing Managing Member, Manager, or Authorized Representative / Date