2007 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Apr 27, 2007
Secretary of State

DOCUMENT# L05000056330

Entity Name: PRIME GULF MANAGEMENT LLC

Current Principal Place of Business:

833 W. TRENTON AVE.
SUITE #4
MORRISVILLE, PA 19067

New Principal Place of Business:

Current Mailing Address:

833 W. TRENTON AVE.
SUITE #4
MORRISVILLE, PA 19067

New Mailing Address:

FEI Number: **FEI Number Applied For ( )** **FEI Number Not Applicable (X)** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

CORPDIRECT AGENTS INC.
515 E. PARK AVE.
TALLAHASSEE, FL 32301 US

Name and Address of New Registered Agent:

CASTALDO, ANTHONY
10449 WASHINGTONIA PALM WAY 3212
FT MYERS, FL 33966 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: ANTHONY CASTALDO 04/27/2007
Electronic Signature of Registered Agent Date

MANAGING MEMBERS/MANAGERS:

Title: MGRM ( ) Delete
Name: SCHAUTZ, JOHN L
Address: 126 PONDEROSA DRIVE
City-St-Zip: HOLLAND, PA 18966

Title: MGRM ( ) Delete
Name: DREYER, EDWARD F
Address: 437 GOLDEN GATE DR.
City-St-Zip: RICHBORO, PA 18954

Title: MGRM ( ) Delete
Name: DAVIS, WAYNE
Address: 2319 EAST VINE STREET
City-St-Zip: HATFIELD, PA 19440

ADDITIONS/CHANGES:

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

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: JOHN SCHAUTZ MGRM 04/27/2007
Electronic Signature of Signing Managing Member, Manager, or Authorized Representative / Date