2006 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Apr 13, 2006 8:00 am
Secretary of State
04-13-2006 90037 006 ****50.00

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1. Entity Name
PRIME CONSULTING, L.L.C.

Principal Place of Business	Mailing Address
21218 ST. ANDREWS BOULEVARD, SUITE 509 BOCA RATON, FL 33433	1440 CORAL RIDGE DRIVE, SUITE 367 CORAL SPRINGS, FL 33071

2. Principal Place of Business	3. Mailing Address	
1440 CORAL RIDGE DRIVE		
Suite, Apt. #, etc. **367**	Suite, Apt. #, etc.	04042006 Chg-LLC CR2E083 (11/05)
City & State **CORAL SPRINGS, FL.**	City & State	4. FEI Number **20-3035241** — Applied For / Not Applicable
Zip **33071** / Country **USA**	Zip / Country	5. Certificate of Status Desired ☐ **$5.00** Additional Fee Required

6. Name and Address of Current Registered Agent	7. Name and Address of New Registered Agent
BEHAR, LARRY J P.A. 888 SOUTHEAST THIRD AVENUE, SUITE 400 FORT LAUDERDALE, FL 33316	Name Street Address (P.O. Box Number is Not Acceptable) City ____ FL ____ Zip Code

8. 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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE _____

Signature, typed or printed name of registered agent and title if applicable.   (NOTE: Registered Agent signature required when reinstating)   DATE

Filing Fee is $50.00
Due by May 1, 2006

Make check payable to
Florida Department of State

9. MANAGING MEMBERS / MANAGERS	10. ADDITIONS / CHANGES
TITLE NAME STREET ADDRESS CITY-ST-ZIP ☐ Delete	TITLE **MGR** NAME **DELORME, JACQUES** STREET ADDRESS **1440 CORAL RIDGE DRIVE #367** CITY-ST-ZIP **CORAL SPRINGS, FL 33071** ☐ Change ☒ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP ☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP ☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP ☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP ☐ Change ☐ Addition
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(handwritten note in section 10): Please note that 21218 St. Andrews address has been changed to Item (2) Principal place of Business addr.

11. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, Florida Statutes. I further certify that the information indicated on this report is true and accurate and that my 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: _____ JACQUES R. DELORME   MANAGER   4/4/2006   954-598-4478

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE   Date   Daytime Phone #