

2006 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L05000108344

Entity Name: PRIME CONNECTIONS, LLC

FILED
Jun 12, 2006
Secretary of State

Current Principal Place of Business:

1430 S. FEDERAL HWY, SUITE 201
DEERFIELD BEACH, FL 33441

New Principal Place of Business:

200 E. LAS OLAS BLVD
1660
FT. LAUDERDALE, FL 33301

Current Mailing Address:

1430 S. FEDERAL HWY, SUITE 201
DEERFIELD BEACH, FL 33441

New Mailing Address:

200 E. LAS OLAS BLVD
1660
FT. LAUDERDALE, FL 33301

FEI Number: 20-3040818 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired ()
In accordance with s. 607.193(2)(b), F.S., the limited liability company did not receive the prior notice.

Name and Address of Current Registered Agent:

JACOBONI, JOSEPH J
1430 S. FEDERAL HWY, SUITE 201
DEERFIELD BEACH, FL 33441 US

Name and Address of New Registered Agent:

JACOBONI, JOSEPH J
200 E. LAS OLAS BLVD
1660
FT. LAUDERDALE, FL 33301 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: JOSEPH JACOBONI

06/12/2006

Electronic Signature of Registered Agent

Date

MANAGING MEMBERS/MANAGERS:

Title: MGR () Delete
Name: JACOBONI, JOSEPH J
Address: 1430 S. FEDERAL HWY, SUITE 201
City-St-Zip: DEERFIELD BEACH, FL 33441

ADDITIONS/CHANGES:

Title: MGR (X) Change () Addition
Name: JACOBONI, JOSEPH J
Address: 200 E. LAS OLAS BLVD, #1660
City-St-Zip: FT. LAUDERDALE, FL 33301

I hereby certify that the information supplied with this filing does not qualify for the 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: JOSEPH JACOBONI

MGR

06/12/2006

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