2007 LIMITED LIABILITY COMPANY ANNUAL REPORT

Mar 27, 2007 08:00 A Secretary of State DOCUMENT # L05000119220 1. Entity Name PRIME OPPORTUNITY LLC Principal Place of Business Mailing Address 1239 EAST MEMORIAL BLVD 121 NORTH KENTUCKY AVE LAKELAND, FL 33801 LAKELAND, FL 33801 01092007 No Chg-LLC CR2E083 (11/05) DO NOT WRITE IN THIS SPACE Applied For NOT APPLICABLE Not Applicable \$5.00 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent HOLDEN, JEFFREY C DO NOT WRITE 121 NORTH KENTUCKY AVE LAKELAND, FL 33801 IN THIS SPACE 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, typed or printed name of registered agent and title if applicable (NOTE, Registered Agent signature required when reinstating) Filing Fee is \$50.00 Due by May 1, 2007 MANAGING MEMBERS/MANAGERS 9. MGR TITLE NAME HOLDEN, JEFFREY C 121 NORTH KENTUCKY AVE STREET ADDRESS CITY-ST-ZIP LAKELAND, FL 33801 TITLE U00000681339 04/04/07-80040-001 150.00 NAME STREET ADDRESS CITY - ST-ZIP TITLE STREET ADDRESS DO NOT WRITE CITY-SI-ZIP TITLE IN THIS SPACE NAME STREET ADDRESS CITY-ST-ZIP TITLE

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 of the execute this report as required by Chapter 608, Florida Statutes.

SIGNATURE:

STREET ADDRESS CITY ST-ZIP nne NAME STREET ADDRESS CITY - ST-ZIP

> RINTES HAME OF SIGNING MANAGING MEMBER, OR AUTHORIZED REPRESENTATIVE SIGNATURE A

X03644-1717

Daytime Phone #

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