2008 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED Mar 19, 2008 8:00 am Secretary of State

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DOCU 1. Entity Nam PRIME O				03-19-2008)08 ***13	8.75		
Principal Place of Business 1239 EAST MEMORIAL BLVD LAKELAND, FL 33801		Mailing Address 121-NORTH-KENTUCKY AVE LAKELAND, FL 33801			60015891				
•	Place of Business - No P.O. Box #	3. Mailing Address	Tucky A	VE					
Suite, Apt.	#, etc.	Suite, Apt. #, etc.	70,00		03172008	Chg-LLC	CR2E0	83 (12/06)	
City & Stat	ė	City & State			4. FEI Numb	er 83-049 PPLICABLE	12094	/ Ap	plied For
Zip	Country	Zip	Country			of Status Desired	П	\$5.00 Add	litional
	6. Name and Address of Current F	Registered Agent			7 Name and	d Address of New I		<u>-</u>	
121 NORT	JEFFREY & TH KENTUCKY AVE D, FL 33801	age and a gent	Street Ac	LDE	N, Ja	PFRIEY per is Not Acceptab	K.		
			City				FL	Zip Code	
	named entity submits this statement for tions of registered agent.	the purpose of changing its r م	recipter ed office or	gistered	d agent, or bo	oth, in the State of F	lorida. I am	familiar with,	and accept
SIGNATURE	TEFFREY K. HOL Signature, typed or printed name of registered agent a	DEN				•	3/17/	08	·
<u>.</u>	Signature, typed or printed name or registered agent a	Ind the IT applicable.	: Registered Agent signatu	ire required wi	nen reinstating)		DATE	1 b. i	241.51
	:·NOW!!! FEE IS \$138.75 y 1, 2008 Fee will be \$538.75						ke check p la Departm	ayable to ent of State	`
9.	MANAGING MEMBER	RS/MANAGERS	10.			ADDITIONS	/CHANGES		
TITLE	-MGR-	☐ Delete	TITLE	MA	RM	, , , , , , , , , , , , , , , , , , ,	7, 01 0 W TOLO	Change	Addition
NAME	HOLDEN, JEFFREY'C	Delete	NAME	110	70.1	TEFFREY	L	LEI Oriongo	radiation
STREET ADDRESS	121 NORTH KENTUCKY AVE								
CITY-ST-ZIP	LAKELAND, FL 33801		STREET ADDRESS	MUL	DEN, -	1 CFT NEY	~ ·		
TITLE			STREET ADDRESS CITY-ST-ZIP	HUL	DEN, -	/EFF KEY	Κ.		
		☐ Delete	I 1	HOL	<i>DEN</i> , -	/ EFT KEY	<u> </u>	☐ Change	Addition
NAME		☐ Delete	CITY-ST-ZIP	MOL	DEN, -	/ EFT- NEY	<u> </u>	☐ Change	Addition
STREET ADDRESS		☐ Defete	CITY-ST-ZIP TITLE	MOL	<i>DEN</i> , ~	/ E-F-T (VE)	<u>~·</u>	☐ Change	Addition
		☐ Delete	CITY-ST-ZIP TITLE NAME	7702	DEN, -	/ IL/T- K/L/	<u> </u>	☐ Change	☐ Addition
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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:

INTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE

3/17/08

(863)644-1717

Daytime Phone #