

2009 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L06000010736

FILED
Aug 19, 2009
Secretary of State

Entity Name: PRIMA REALTY AND PROPERTY MANAGEMENT LLC

Current Principal Place of Business:

305 S. MACDILL AVE.
TAMPA, FL 33609

New Principal Place of Business:

Current Mailing Address:

305 S. MACDILL AVE.
TAMPA, FL 33609

New Mailing Address:

FEI Number: 20-4232277 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:

BENNETT, PETER
305 S. MACDILL AVE.
TAMPA, FL 33609 US

Name and Address of New Registered Agent:

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: _____

Electronic Signature of Registered Agent

_____ Date

MANAGING MEMBERS/MANAGERS:

Title: MGRM () Delete
Name: SAMTER CONSTRUCTION, INC.
Address: 305 S. MACDILL AVE.
City-St-Zip: TAMPA, FL 33609

Title: MGRM () Delete
Name: FORTNEY, OLIVIA L
Address: 305 S. MACDILL AVE.
City-St-Zip: TAMPA, FL 33609

ADDITIONS/CHANGES:

Title: MGRM (X) Change () Addition
Name: BENNETT, PETER J
Address: 305 S. MACDILL AVE.
City-St-Zip: TAMPA, FL 33609

Title: MGRM (X) Change () Addition
Name: HAYDEN, KELLY
Address: 419 BARCELONA DR
City-St-Zip: ST PETERSBURG, FL 33716

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: PETER J. BENNETT

MGRM

08/19/2009

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