

2008 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L06000019223

FILED
Apr 30, 2008
Secretary of State

Entity Name: PRIME PROPERTY PARTNERS, LLC

Current Principal Place of Business:

3599 UNIVERSITY BLVD. SOUTH, SUITE 400
JACKSONVILLE, FL 32216

New Principal Place of Business:

3599 UNIVERSITY BLVD. SOUTH
SUITE 400
JACKSONVILLE, FL 32216

Current Mailing Address:

3599 UNIVERSITY BLVD. SOUTH, SUITE 400
JACKSONVILLE, FL 32216

New Mailing Address:

3599 UNIVERSITY BLVD. SOUTH
SUITE 400
JACKSONVILLE, FL 32216

FEI Number: 20-4361576

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

CHESHIRE, CHRISTOPHER P PRES.
3599 UNIVERSITY BLVD S
SUITE 400
JACKSONVILLE, FL 32216 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: PRES () Delete
Name: CHESHIRE, CHRISTOPHER P
Address: 3599 UNIVERSITY BLVD. SOUTH, SUITE 400
City-St-Zip: JACKSONVILLE, FL 32216

Title: S () Delete
Name: CHESHIRE, DAVID WILSON
Address: 3599 UNIVERSITY BLVD. SOUTH, SUITE 400
City-St-Zip: JACKSONVILLE, FL 32216

ADDITIONS/CHANGES:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

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: CHRISTOPHER P. CHESHIRE

PRES

04/30/2008

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