

2007 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L06000025585

FILED
Jan 11, 2007
Secretary of State

Entity Name: PRISM INTERNATIONAL INVESTMENTS, LLC

Current Principal Place of Business:

1605 MAIN ST
SUITE 912
SARASOTA, FL 34236

New Principal Place of Business:

13116 HARRIERS PLACE
BRADENTON, FL 34221

Current Mailing Address:

13116 HARRIERS PLACE
BRADENTON, FL 34212

New Mailing Address:

FEI Number: 20-4517627

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

BUCKHANNON, ROBERT L
16555 WILD BERRY RD
MORRISON, FL 80465 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: BUCKHANNON, ROBERT L
Address: 16555 WILD BERRY RD
City-St-Zip: MORRISON, CO 80465 US

Title: MGRM (X) Delete
Name: DAVIS, DAVID L
Address: 13609 QUERY MILL ROAD
City-St-Zip: GAITHERSBURG, MD 20878 US

Title: MGRM () Delete
Name: RAWSTERN, TERRY D
Address: 13116 HARRIERS PLACE
City-St-Zip: BRADENTON, FL 34212 US

ADDITIONS/CHANGES:

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

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 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: TERRY RAWSTERN

MGRM

01/11/2007

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