

# 2007 LIMITED LIABILITY COMPANY ANNUAL REPORT

**FILED**  
**Apr 06, 2007 8:00 am**  
**Secretary of State**

03-07-2007 90214 002 \*\*\*\*50.00

<b>DOCUMENT # L06000067421</b>					
<b>1. Entity Name</b> PRIME EQUITY LLC					
<b>Principal Place of Business</b> 636 US HIGHWAY ONE - STE. 118 NORTH PALM BEACH, FL 33408			<b>Mailing Address</b> 636 US HIGHWAY ONE - STE. 118 NORTH PALM BEACH, FL 33408		
<b>2. Principal Place of Business - No P.O. Box #</b>		<b>3. Mailing Address</b>			
Suite, Apt. #, etc.		Suite, Apt. #, etc.			
City & State		City & State			
Zip	Country	Zip	Country	01082007    Chg-LLC    CR2E083 (12/06)	
<b>4. FEI Number</b> 20-5157198				Applied For <input type="checkbox"/> Not Applicable	
<b>5. Certificate of Status Desired</b> <input type="checkbox"/>				<b>\$5.00 Additional Fee Required</b>	
<b>6. Name and Address of Current Registered Agent</b>  CORPORATE CREATIONS NETWORK, INC. 11380 PROSPERITY FARMS ROAD #221E PALM BEACH GARDENS, FL 33410			<b>7. Name and Address of New Registered Agent</b> Name: <u>Stephen Murphy</u> Street Address (P.O. Box Number is Not Acceptable): <u>636 US Highway One - Suite 118</u> City: <u>North Palm Beach</u> FL    Zip Code: <u>33408</u>		
<b>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.</b> SIGNATURE: <u>Stephen Murphy</u> <u>Stephen Murphy</u> DATE: <u>3/5/2007</u> <small>(Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered agent signature required when restatesting))</small>					
<b>Filing Fee is \$50.00 Due by May 1, 2007</b>		<b>Make check payable to Florida Department of State</b>			
<b>9. MANAGING MEMBERS/MANAGERS</b>			<b>10. ADDITIONS/CHANGES</b>		
TITLE NAME STREET ADDRESS CITY - ST - ZIP	MGR MURPHY, STEPHEN 636 US HIGHWAY ONE - STE. 118 NORTH PALM BEACH, FL 33408	<input type="checkbox"/> Delete			
TITLE NAME STREET ADDRESS CITY - ST - ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition			
TITLE NAME STREET ADDRESS CITY - ST - ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition			
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TITLE NAME STREET ADDRESS CITY - ST - ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition			
TITLE NAME STREET ADDRESS CITY - ST - ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition			
<b>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.</b>					
SIGNATURE: <u>[Signature]</u> <u>Manager</u> DATE: <u>3/5/2007</u> <small>SIGNATURE AND TYPE OF OFFICER, MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE</small>					