2007 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED Jun 08, 2007 8:00 am Secretary of State 05-16-2007 90173 024 ****55.00

1. Entity Name 168 PRIME B, LLC					
Principal Place of Business B11 SUMMIT AVENUE CRESCENT CITY, FL 32112		Mailing Address 114 TIMBER LANE	114 TIMBER LANE		00020
CKESCENI U	11, FL 32112	PALATKA, FL 32177			I JERTAR EN ABUG ENN BERT DEM ERRY ATRIA ITUR UIT IN AMPA INTE ABERT MERE
2. Principal Place of Business - No P.O. Box #		Box # 3. Mailing Address			
Suite, Apt. #, etc.		Suite, Apt. #, etc.			05102007 Chg-LLC CR2E083 (12/08)
City & State Zip Country		City & State	Zip Country		4. FEI Number Applied For Not Applicable
Z.IP		of Current Registered Agent	Cours		5. Certificate of Status Desired \$5.00 Additional Fee Required
		or current Registered Agent		Name	7. Name and Address of New Registered Agent
GAW, ALB 114 TIMBE PALATKA				Street Address ((P.O. Box Number is Not Acceptable)
	•		-	City	Zip Code
		statement for the purpose of changing its	s registero	d office or registe	ored agent, or both, in the State of Florida. I am familiar with, and accept
the obligat	ions of registered agent.				
	Signature, typed,or printed name of re	rgintered agent and title if applicable (NO1	TE: Regulared	Agent signature required	d when runstating) DATE
	ing Fee is \$50.00 by September 14, 20	07			Make check payable to Florida Department of State
9.		NG MEMBERS/MANAGERS	10.		ADDITIONS/CHANGES
TITLE NAME	MGR GAW, ALBINO	Delete	TITLE NAME	I	Change Addition
STREET ADDRESS CITY-ST-ZIP	114 TIMBER LANE PALATKA, FL 32177			ET ADDRESS -ST-ZIP	
TITLE	MGRM	Delete	TITLE	I .	Change Addition
STREET ADDRESS	RIVERA-GAW, MARIA 114 TIMBER LANE	-JOSEFINA	NAME STREE	T ADORESS	
CITY-ST-ZIP	PALATKA, FL 32177			ST-ZIP	
HAME		☐ Delete	TITLE		Change Addition
STREET ADDRESS CITY-ST-ZIP	ł			ET ADDRESS ST-ZIP	
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STREET ADDRESS			NAME SIREE	ET ADORESS	
CITY-ST-ZIP				ST-ZIP	The state of the s
MAMÉ		Delete	TITLE NAME		Change Addition
STREET ADDRESS CITY-ST-2IP				et address est-zip	
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STREET ADDRESS			NAME STREE	T ADDRESS	
CITY-ST-ZIP	<u> </u>			ST-ZIP	
11. I hereby certify that the information supplied with this filling 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.					
SICN AT	fine: /9	1/1/		•	5-14-07
SIGNATURE: SQUARTURE AND TIPED MARKE OF BILIMING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE Date Departs Prove .					