

2009 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L07000010085

FILED
Mar 11, 2009
Secretary of State

Entity Name: PRIME PROPERTY MANAGEMENT LLC

Current Principal Place of Business:

73 S. PALM AVE.
SUITE 214
SARASOTA, FL 34236 US

New Principal Place of Business:

Current Mailing Address:

73 S. PALM AVE.
SUITE 214
SARASOTA, FL 34236 US

New Mailing Address:

FEI Number: 20-8324939

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

CHARITY, GABRIELE
73 S PALM AVE, SUITE 214
SARASOTA, FL 34236 US

Name and Address of New Registered Agent:

CHARITY, GABRIELE
73 S. PALM AVENUE, SUITE 214
SARASOTA, FL 34236 US

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:

03/11/2009

Electronic Signature of Registered Agent

Date

MANAGING MEMBERS/MANAGERS:

Title: MGR () Delete
Name: CHARITY, GABRIELE
Address: 73 S PALM AVE., SUITE 219
City-St-Zip: SARASOTA, FL 34236 US

Title: MGR () Delete
Name: RUEDIGER WEISS, JUERGEN
Address: 5228 BENJAMIN LANE
City-St-Zip: SARASOTA, FL 34233 US

ADDITIONS/CHANGES:

Title: MGR (X) Change () Addition
Name: CHARITY, GABRIELE
Address: 73 S. PALM AVENUE, SUITE 214
City-St-Zip: SARASOTA, FL 34236 US

Title: MGR (X) Change () Addition
Name: WEISS, RUEDIGER J
Address: 73 S. PALM AVENUE, SUITE 214
City-St-Zip: SARASOTA, FL 34236 US

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: GABRIELE CHARITY

MGR

03/11/2009

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