

2009 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L07000084611

FILED
Jan 28, 2009
Secretary of State

Entity Name: PRIME RETIREMENT ASSET MANAGEMENT, LLC

Current Principal Place of Business:

2520 N. TAMIAMI TR.
NOKOMIS, FL 34275

New Principal Place of Business:

Current Mailing Address:

2520 N. TAMIAMI TR.
NOKOMIS, FL 34275 US

New Mailing Address:

FEI Number: 26-0878686

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

AABEL, SCOTT E
7750 SILVER BELL DRIVE
SARASOTA, FL 34241 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: AABEL, SCOTT E
Address: 7750 SILVER BELL DRIVE
City-St-Zip: SARASOTA, FL 34241 US

Title: MGR () Delete
Name: FREDERICK, DAVID W
Address: 89 SKIDMORE ROAD
City-St-Zip: POUGHKEEPSIE, NY 12540 US

Title: MGR () Delete
Name: DUNSTAN, WILLIAM
Address: 6 LINDA COURT
City-St-Zip: POUGHKEEPSIE, NY 12603 US

Title: MGR () Delete
Name: PROTIGAL, JAMES C
Address: 4520 WOODSIDE ROAD
City-St-Zip: SARASOTA, FL 34242 US

Title: MGR () Delete
Name: DIDONNA, GARY A
Address: 4797 SWEETMEADOW CIRCLE
City-St-Zip: SARASOTA, FL 34238 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:

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: GARY DIDONNA

MGR

01/28/2009

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