

# 2012 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L07000084611

FILED  
Apr 19, 2012  
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  
**Name:** AABEL, SCOTT E  
**Address:** 7750 SILVER BELL DRIVE  
**City-St-Zip:** SARASOTA, FL 34241 US

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

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

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

**Title:** MGR  
**Name:** DIDONNA, GARY A  
**Address:** 4797 SWEETMEADOW CIRCLE  
**City-St-Zip:** SARASOTA, FL 34238 US

I hereby 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

04/19/2012

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