

**FILE NOW: Fee after May 1, will be \$588.75**

APPROVED  
AND  
FILED

1997 FEB 27 PM 1:33

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

LIMITED LIABILITY COMPANY  
ANNUAL REPORT  
1997



FLORIDA DEPARTMENT OF STATE  
**Sandra B. Mortham**  
Secretary of State  
DIVISION OF CORPORATIONS

**FILING FEE**  
**\$ 203.75**

Annual Report \$100.00 + \$103.75 Corporation Supplemental Fee  
**Make Check Payable To: FLORIDA DEPARTMENT OF STATE**

1. Name and Mailing Address  
of Limited Liability Company  
**DOCUMENT #L96000000819**  
**PRIME INDUSTRIAL PROPERTIES, LIMITED COMPA**  
**NY**  
**1043 NORTH CASEY KEY**  
**OSPREY FL 34229**

1a. Principal Place of Business Address

**1043 NORTH CASEY KEY**  
**OSPREY FL 34229**

If above mailing address is incorrect in any way, line through incorrect information and enter correction in Block 2a.

2. Principal Place of Business

**SAME**

2a. Mailing Address

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

3. Date Organized or Qualified

3a. State of Formation

**08/01/1996**

**FL**

4. FEI Number

**TAX I.D. NUMBER**

**65-0695000**

☐ Applied For

☐ Not Applicable

5. Date of Last Report

**N/A**

6. Certificate of Status Desired

\$8.75 Additional Fee Required ☐

7. Name and Address of Current Registered Agent

**MAHAFFEY, JAMES W**  
**731 JAMESTOWN DRIVE**  
**WINTER PARK FL 32792**

8. Name and Address of New Registered Agent

Name

**SAME**

Street Address (P.O. Box Number is Not Acceptable)

Suite, Apt. #, etc.

City

Zip Code

**FL**

9. Pursuant to the provisions of Sections 608.416 and 608.508, Florida Statutes, the above-named limited liability company submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by affirmative vote of a majority of the members. I hereby accept the appointment as registered agent, and accept the obligations.

SIGNATURE \_\_\_\_\_

DATE \_\_\_\_\_

(Registered Agent Accepting Appointment) (NOTE: Registered Agent signature required when reinstating)

| 10. Title | Managing Members/Managers | Business Street Address | City, State and Zip Code |
|-----------|---------------------------|-------------------------|--------------------------|
| MGRM      | HEATH, RALPH T            | 1043 NORTH CASEY KEY    | OSPREY FL                |
| MGRM      | MAHAFFEY, JAMES W         | 731 JAMESTOWN DRIVE     | WINTER PARK FL           |
| MGRM      | MAHAFFEY, WILLIAM H       | 731 JAMESTOWN DRIVE     | WINTER PARK FL           |
| MGRM      | MAHAFFEY, ROBERT K        | 6699 31ST WAY SOUTH     | ST. PETERSBURG FL        |

**4000002101544--7**

**-02/28/97--01116--013**

**\*\*\*\*203.75 \*\*\*\*203.75**

*Handwritten:* 1/23/97

11. I do hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3) (i), Florida Statutes. I further certify that the information indicated on this annual 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; and that my name appears in Block 10, or on an attachment with an address.

**SIGNATURE:** \_\_\_\_\_

**RALPH T. HEATH**

**1/23/97**

**941-966-7325**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER OR MANAGER

Date

Daytime Phone #