

# 2002 UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**Sep 30, 2002 8:00 am**  
**Secretary of State**

09-30-2002 90172 010 \*\*\*\*50.00

**DOCUMENT # M01000002539**

1. Entity Name

**PRIMORIS CAPITAL MANAGEMENT, LLC**

Principal Place of Business

**107 NEWBRIDGE ROAD  
 HICKSVILLE NY 11801**

Mailing Address

**107 NEWBRIDGE ROAD  
 HICKSVILLE NY 11801**

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number

**11-3555583**

Applied For

Not Applicable

5. Certificate of Status Desired

**\$5.00** Additional Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

**CATALFAMO, JOHN A  
 107 LINDA LANE UNIR B  
 PALM BEACH SHORES FL 33404**

Name

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

City

**FL**

Zip Code

8. 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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

**FILE NOW!!! FEE IS \$50.00**  
**Make Check Payable to Department of State**  
**Due By September 25, 2002**

9. MANAGING MEMBERS / MANAGERS

10. ADDITIONS / CHANGES

TITLE	NAME	STREET ADDRESS	CITY - ST - ZIP	<input type="checkbox"/> Delete
	<b>MGRM</b>			
	<b>EATON, RAYMOND L</b>	<b>107 NEWBRIDGE RD</b>	<b>HICKSVILLE NY</b>	
	<b>MGRM</b>			
	<b>CATALFAMO, JOHN A</b>	<b>2655 NORTH OCEAN DR., STE 320</b>	<b>SINGER ISLAND FL</b>	

TITLE	NAME	STREET ADDRESS	CITY - ST - ZIP	<input type="checkbox"/> Change	<input type="checkbox"/> Addition

11. I 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 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.

**SIGNATURE:** *SIGNATURE REQUIRED*  
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE

9/24/02  
 516.433.4477  
 Date Daytime Phone #

CR2E083 (4/02)