

# 2005 LIMITED LIABILITY COMPANY ANNUAL REPORT

**FILED**  
**Jul 20, 2005 8:00 am**  
**Secretary of State**

07-20-2005 90066 035 \*\*\*\*50.00

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07072005 Chg-LLC CR2E083 (10/03)

<b>DOCUMENT # M03000003805</b> 1. Entity Name <b>PRIME FOS, LLC</b>					
Principal Place of Business <b>8000 N. FEDERAL HIGHWAY BOCA RATON, FL 33487</b>			Mailing Address <b>8000 N. FEDERAL HIGHWAY BOCA RATON, FL 33487</b>		
2. Principal Place of Business <b>101 E. Kennedy Blvd.</b>		3. Mailing Address <b>101 E. Kennedy Blvd.</b>			
Suite, Apt. #, etc. <b>Suite 3300</b>		Suite, Apt. #, etc. <b>Suite 3300</b>			
City & State <b>Tampa, Florida</b>		City & State <b>Tampa, Florida</b>			
Zip <b>33602</b>	Country <b>U.S.A.</b>	Zip <b>33602</b>	Country <b>U.S.A.</b>		
6. Name and Address of Current Registered Agent  <b>MONOPOLI, VINCENT C 8000 N. FEDERAL HIGHWAY BOCA RATON, FL 33487</b>			7. Name and Address of New Registered Agent Name <b>Vincent C. Monopoli</b> Street Address (P.O. Box Number is Not Acceptable) <b>350 Camino Gardens Blvd.,</b> <b>Suite 102</b> City <b>Boca Raton</b> <b>FL</b> Zip Code <b>33432</b>		
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 _____ <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)</small>					
<b>Filing Fee is \$50.00 Due by September 7, 2005</b>		<b>Make check payable to Florida Department of State</b>			
9. MANAGING MEMBERS/MANAGERS			10. ADDITIONS/CHANGES		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>MGRM MANOPOLI, VINCENT C 8000 N. FEDERAL HIGHWAY BOCA RATON, FL 33487</b> <input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>MGRM Manopoli, Vincent C. 350 Camino Gardens Blvd., Suite 102 Boca Raton, FL 33432</b> <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
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TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete		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.					
<b>SIGNATURE:</b> <u>Vincent C. Monopoli</u> <b>Managing Member</b> <b>7/15/05</b> <b>(561) 393-8115</b> <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE Date Daytime Phone #</small>					