

2005 LIMITED LIABILITY COMPANY ANNUAL REPORT

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

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

20064912



DOCUMENT # M03000003805
 1. Entity Name
PRIME FOS, LLC



Principal Place of Business
**8000 N. FEDERAL HIGHWAY
 BOCA RATON, FL 33487**

Mailing Address
**8000 N. FEDERAL HIGHWAY
 BOCA RATON, FL 33487**

2. Principal Place of Business
101 E. Kennedy Blvd.
 Suite, Apt. #, etc.
Suite 3300

3. Mailing Address
101 E. Kennedy Blvd.
 Suite, Apt. #, etc.
Suite 3300

City & State
Tampa, Florida

City & State
Tampa, Florida

Zip
33602 Country
U.S.A.

Zip
33602 Country
U.S.A.

07072005 Chg-LLC CR2E083 (10/03)

4. FEI Number
14-1891111 Applied For
 Not Applicable

5. Certificate of Status Desired **\$5.00** Additional Fee Required

6. Name and Address of Current Registered Agent
**MONOPOLI, VINCENT C
 8000 N. FEDERAL HIGHWAY
 BOCA RATON, FL 33487**

7. Name and Address of New Registered Agent
 Name
Vincent C. Monopoli
 Street Address (P.O. Box Number is Not Acceptable)
**350 Camino Gardens Blvd.,
 Suite 102**
 City
Boca Raton FL Zip Code
33432

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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____
 Signature, typed or printed name of registered agent and title if applicable.

**Filing Fee is \$50.00
 Due by September 7, 2005**

**Make check payable to
 Florida Department of State**

9. MANAGING MEMBERS/MANAGERS

TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM MANOPOLI, VINCENT C 8000 N. FEDERAL HIGHWAY BOCA RATON, FL 33487	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete

10. ADDITIONS/CHANGES

TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM Manopoli, Vincent C. 350 Camino Gardens Blvd, Suite 102 Boca Raton, FL 33432	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
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"/> Change <input type="checkbox"/> Addition
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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: Vincent C. Monopoli Managing Member 7/15/05 (561) 393-8115
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE Date Daytime Phone #