2004 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED May 03, 2004 8:00 am Secretary of State

PRODUCT BICK DRIVE POND'S EDEC	DOCUMENT # M9500000274 1. Entity Name PRIME-MUBEN II, LLC							05-03-2004	90149 0	149 ****51	9.00
Suite. Api. 6, etc. Suite. Api. 6, etc. Suite. Api. 6, etc. O4232004 Chg-LLC CR2E083 (10/03) City & State City & State 4, FEI Number 23-2812091 Nex Applicable Nex Applica	2 POND'S ED	oge drive	P.O. BOX 999	P.O. BOX 999			1 (USUS PIL) (18				1301 III 1001 ·
City & State Country Country Country Country Country Country Country S. Certificate of Status Desired State Address of Our Registered Agent Name Name Name Name Name Street Address (P.O. Box Number is Not Acceptable) City FL Zip Code Street Address (P.O. Box Number is Not Acceptable) City FL Zip Code Street Address (P.O. Box Number is Not Acceptable) City FL Zip Code City FL Zip Code Street Address (P.O. Box Number is Not Acceptable) City FL Zip Code Street Address (P.O. Box Number is Not Acceptable) City FL Zip Code Street Address (P.O. Box Number is Not Acceptable) City FL Zip Code Street Address (P.O. Box Number is Not Acceptable) City FL Zip Code Street Address (P.O. Box Number is Not Acceptable) City FL Zip Code Street Address (P.O. Box Number is Not Acceptable) City FL Zip Code Street Address (P.O. Box Number is Not Acceptable) City FL Zip Code Street Address (P.O. Box Number is Not Acceptable) City FL Zip Code Street Address (P.O. Box Number is Not Acceptable) City FL Zip Code Street Address (P.O. Box Number is Not Acceptable) City FL Zip Code Street Address (P.O. Box Number is Not Acceptable) City FL Zip Code Make Check payable to Prioride Open treen of State Street Address (P.O. Box Number is Not Acceptable) Diff Street Address (P.O. Box Number is Not Acceptable) City FL Zip Code Make Check payable to Prioride Open treen address of Num Registered Agent Street Address (P.O. Box Number is Not Acceptable) Diff Street Address (P.O. Box Number is Not Acceptable) Diff Street Address (P.O. Box Number is Not Acceptable) Diff Street Address (P.O. Box Number is Not Acceptable) Diff Street Address (P.O. Box Number is Not Acceptable) Diff Street Address (P.O. Box Number is	2. Principal P	lace of Business	3. Mailing Address	3. Mailing Address				(1),3), 1)))), 11)); 11)); 12))			
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8. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent 8. Centrolle of Statuts Desired 8. The above named only 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 or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations	City & State		City & State	<u> </u>						No	ot Applicable
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BRANDYWINE FINANCIAL SERVICES CORPORATION 2631 MCCORMICK DRIVE, SLAIP 101 6. The above named entity submits this statement for the purpose of changing its registered agent, or both, in the State of Florida. It am Lamillar with, and accept the obligations of registered agent. 8. The above named entity submits this statement for the purpose of changing its registered diffice or registered agent, or both, in the State of Florida. It am Lamillar with, and accept the obligations of registered agent. Filling Fee is \$50.00 Due by May 1, 2004 9. MANAGING MEMBERS/MANAGERS 10. ADDITIONS/CHANGES 11TLE 11		6. Name and Address of Curr	rent Registered Agent				7. Name and	Address of New F	legistered	Agent	
S. The above named entity submits this statement for the purpose of changing its registered agent, or both, in the State of Riorda. I am formilliar with, and accept the obligations of registered agent. SIGNATURE Syndhira, hybrid of printed name of registered agent and time it applicable. Filling Fee is \$50.00 Due by May 1, 2004 9. MANAGING MEMBERS/ MANAGERS TITLE MARRY FARRY/LEW CORPORATION SIRET ADDRESS CITY-ST-2P CHADDS FORD, PA 19317 TITLE MORRY MORRY CHADDS FORD, PA 19317 TITLE MORRY CHAD	BRANDYV	VINE FINANCIAL SERVICE	S CORPORATION	ORPORATION			2 O. Box Numbe	r is Not Acceptable	a)		
8. The above named onlity submits this statement for the purpose of changing its registered agent, or both, in the State of Florida. I am femiliar with, and accept the obligations of registered agent. SIGNATURE Signature, hyper or printed name of registered agent and life / expiritable. (NOTE: Registered Agent signature required after remaining) DATE	CLEARWA	ATER, FL 33759	10				.o. box rumbe				
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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 on the receiver or trustee empowered to execute this report as required by Chapter 608 Plorida Statutes.	11. I hereby of indicated	on this report is true and accurate	and that my signature shall have	r the exe the same	mption state e legal effec	t as if m	lade under oath;	that I am a mana;	I further ce ging memb	rtify that the in	nformation er of the

APR 2 6 2004 (610) 388-9600

SIGNATURE: