


**2006 LIMITED LIABILITY COMPANY ANNUAL REPORT**

**FILED**  
**Apr 26, 2006 08:00 AM**  
**Secretary of State**

**DOCUMENT # L02000003302**  
 1. Entity Name  
 PREMIER/LUTGERT TITLE, LLC



Principal Place of Business 4200 GULF SHORE BLVD. N. NAPLES, FL 34103	Mailing Address 4200 GULF SHORE BLVD. N. NAPLES, FL 34103
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**DO NOT WRITE IN THIS SPACE**



03152006No Chg-LLC      CR2E083 (11/05)

4. FEI Number 65-1041752	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	<b>\$5.00</b> Additional Fee Required

6. Name and Address of Current Registered Agent

SEXTON, DAVID N  
 4001 TAMiami TRAIL N., STE. 250  
 NAPLES, FL 34103

**DO NOT WRITE IN THIS SPACE**

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

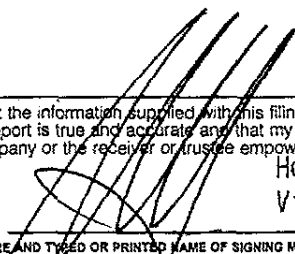
**Filing Fee is \$50.00**  
**Due by May 1, 2006**

9. MANAGING MEMBERS/MANAGERS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGR GUTMAN, HOWARD B 4200 GULF SHORE BLVD NO NAPLES, FL 34103
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U00000534132  
 05/06/06-80151-010 50.00

11. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, 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:**  **Howard B. Gutman**  
 Vice President of General Partners      (239)261-6100

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, OR AUTHORIZED REPRESENTATIVE      Date      Daytime Phone #