2006 LIMITED LIABILITY COMPANY

FILED Apr 26, 2006 08:00 AN Secretary of State

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DOCUMENT # L0200003302 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	The second second	



DO NOT WRITE IN THIS SPACE

03152006 No Chg-LLC

CR2E083 (11/05)

4. FEI Number 65-1041752

Applied For Not Applicable

5. Certificate of Status Desired

\$5.00 Additional Fee Required

6. Name and Address of Current Registered Agent

8. The above named entity submits this statement for the purpose of changing its registered agent, or both, in the State of Florida. I am familiar with, and the obligations of registered agent. SIGNATURE Spatial in just of printed name of registered agent are title if applicable. PHing Fee is \$50.00 Due by May 1, 2006 9. MANAGING MEMBERS/MANAGERS TITLE NAME SURTA ADDRESS CITY-ST-2IP NAME STREET ADDRESS CITY-ST-2IP TITLE NAME STREET ADDRESS CITY-ST-2IP STREET ADR	SEXTON, 4001 TAM NAPLES,	IIAMI TRAIL N., STE. 250		DO NOT WRITE IN THIS SPACE	
Filing Fee is \$50.00 Due by May 1, 2006 9. MANAGING MEMBERS/MANAGERS TITLE NAME STREET ADDRESS FIRET ADDRESS CITY-ST-2P TITLE NAME STREET ADDRESS STREET ADDRESS CITY-ST-2P TITLE NAME STREET ADDRESS ST			inging its registered office of registered agent, or t	both, in the State of Florida. 1 am familiar with, and acce	pt
Filing Fee is \$50.00 Due by May 1, 2006 9. MANAGING MEMBERS/MANAGERS TITLE NAME STREET ADDRESS CITY-ST-ZP TITLE NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZP TITLE NAME STREET ADDRESS STREET ADRESS STREET ADDRESS STREET ADDRES	SIGNATURE.	Signature, typed or printed name of registored agent and title if applicable.	(NOTE: Registered Agent signature required when reinstating)	DATE	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	F	iling Fee is \$50.00 ue by May 1, 2006	II ma		- :
STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS STREET ADDRESS STREET ADDRESS STREET ADDRESS STREET ADDRESS STREET ADDRESS	TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE	MGR GUTMAN, HOWARD B 4200 GULF SHORE BLVD NO		U00000534132 05/06/06-80151-010 50.00	
NAME STREET ADDRESS	CITY-ST-ZIP TITLE NAME STREET ADDRESS				
TITLE NAME STREET ADDRESS	NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME	///			

With his filing does not qualify for the exemptions contained in Chapter 119, Florida Statutes. I further certify that the information of any that my signature shall have the same legal effect as if made under oath; that I am a managing member or manager of the rustle empowered to execute this report as required by Chapter 608, Florida Statutes.

Howard B. Gutman I hereby certify that the information indicated on this report is true and limited liability company or the receiptions.

Vice President of General Partners

(239)261-6100

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

Daytime Phone #