

2003 LIMITED LIABILITY COMPANY UNIFORM BUSINESS REPORT (UBR)

FILED
Jan 13, 2003 8:00 am
Secretary of State

01-13-2003 90577 011 ****50.00

DOCUMENT # L02000013609

1. Entity Name

PRIME MORTGAGE GROUP, LLC



Principal Place of Business

621 IPSWICH LANE
PORT ORANGE FL 32127

Mailing Address

621 IPSWICH LANE
PORT ORANGE FL 32127

20003740

2. Principal Place of Business

206C Moore Ave

3. Mailing Address

206C Moore Ave

Suite, Apt. #, etc.

Suite, Apt. #, etc.

☐ CHECK HERE IF MAKING CHANGES

City & State

Daytona Beach Shores, FL

City & State

Daytona Beach Shores, FL

Zip

32118

Country

USA

Zip

32118

Country

USA

4. FEI Number

81-0555150

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$5.00 Additional
Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

DESMOND, DANIEL

621 IPSWICH LANE

PORT ORANGE FL 32127

Name

Frieb's, Daniel S.

Street Address (P.O. Box Number is Not Acceptable)

3890 Turtle Creek Dr. Ste B-1

City

Port Orange

FL

Zip Code

32127

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

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

1-10-2003

FILE NOW!!! FEE IS \$50.00

**Make Check Payable to Florida Department of State
Due By May 1, 2003**

9. MANAGING MEMBERS / MANAGERS

10. ADDITIONS / CHANGES

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY - ST - ZIP

TITLE ☐ Change ☒ Addition
NAME MGRM
STREET ADDRESS Lawrence R. Fearn
CITY - ST - ZIP 6050 Sanctuary Garden Blvd
Port Orange, FL 32128

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY - ST - ZIP

TITLE ☐ Change ☒ Addition
NAME MGRM
STREET ADDRESS Daniel W. Desmond
CITY - ST - ZIP 621 Ipswich Lane
Port Orange, FL 32127

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY - ST - ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY - ST - ZIP

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NAME
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CITY - ST - ZIP

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:

Lawrence R. Fearn

1-9-03

(386) 257-3886

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

Date

Daytime Phone #

CR2E083 (10/02)