## 2005 LIMITED LIABILITY COMPANY ANNUAL REPORT

SIGNATURE:

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

## **FILED** Feb 10, 2005 08:00 AM Secretary of State DOCUMENT # L03000028941 1. Entity Name PRIME TITLE GROUP, LLC Mailing Address Principal Place of Business 3300 UNIVERSITY DRIVE, STE. 901 3300 UNIVERSITY DRIVE, STE. 901 CORAL SPRINGS, FL 33065 CORAL SPRINGS, FL 33065 02032005 No Chg-LLC CR2E083 (10/03) DO NOT WRITE IN THIS SPACE Applied For 4. FEI Number 20-0133785 Not Applicable \$5.00 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent PONNOCK, ANDREW A DO NOT WRITE 3300 UNIVERSITY DRIVE, STE. 901 CORAL SPRINGS, FL 33065 IN THIS SPACE 8. The above named entity submits this statement for 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 Typed or printed name of registered ag (NOTE Registered Agent signature required when reinstating) Filing Fee is \$50.00 Due by May 1, 2005 MANAGING MEMBERS/MANAGERS 9. TITLE MGRM PONOOCK, ANDREW 3300 UNIVERSITY DRIVE U00000224280 02/10/05-80079-018 50.00 STREET ADDRESS CITY-SI-ZIP CORAL SPRINGS, FL. 33065 TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS DO NOT WRITE CITY-ST-ZIP IN THIS SPACE HTLE NAME STREET ADDRESS CHY-ST-ZIP TITLE NAME STREET ADDRESS CiTY+ST-ZiP TITLE NAME STREET ADDRESS CITY - ST-ZIP this filing does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information that by signature shall have the same legal effect as it made under oath, that I am a managing member or manager of the employee to execute this report as required by Chapter 608, Florida Statutes 11. I hereby certify that the information supplied y indicated on this report is true and accurate limited liability company or the receiver of

Daytime Phone #