

2006 LIMITED LIABILITY COMPANY ANNUAL REPORT (AR)

FILED
Feb 15, 2006 8:00 am
Secretary of State

02-15-2006 90134 003 ****50.00

DOCUMENT # L03000039515

1. Entity Name

PRIORITY HOME BUYER, LLC



Principal Place of Business

4908 HICKORY SHORES BLVD.
GULF BREEZE FL 32563

Mailing Address

4908 HICKORY SHORES BLVD.
GULF BREEZE FL 32563



2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

1st MOORE

CR2E083 (10/05)

4. FEI Number

NO-T APPLICABLE

Applied For

Not Applicable

5. Certificate of Status Desired

☐

\$5.00 Additional
Fee Required

6. Name and Address of Current Registered Agent

FILEK, FRANK J
412 FAIRPOINT DR.
GULF BREEZE FL 32563

7. Name and Address of New Registered Agent

Name

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

City

FL

Zip Code

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

FILE NOW!!! FEE IS \$50.00
Make Check Payable to Florida Department of State
Due By May 1, 2006

9. MANAGING MEMBERS/MANAGERS

TITLE: MGRM ☒ Delete
NAME: CULBERSON, WALTER J
STREET ADDRESS: 4908 HICKORY SHORES BLVD.
CITY-ST-ZIP: GULF BREEZE FL 32563

TITLE: MGRM ☐ Delete
NAME: FILEK, FRANK J
STREET ADDRESS: 412 FAIRPOINT DR.
CITY-ST-ZIP: GULF BREEZE FL 32561

TITLE: MGRM ☐ Delete
NAME: MOODY, Thomas E
STREET ADDRESS: 1117 Bronson Rd
CITY-ST-ZIP: Pensacola FL 32506

TITLE: ☐ Delete
NAME:
STREET ADDRESS:
CITY-ST-ZIP:

TITLE: ☐ Delete
NAME:
STREET ADDRESS:
CITY-ST-ZIP:

TITLE: ☐ Delete
NAME:
STREET ADDRESS:
CITY-ST-ZIP:

10. ADDITIONS/CHANGES

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

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

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

11. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Section 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:

Frank J. Filek

MGRM

2-1-06

850-932-9825