

2005 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L04000043051

FILED
Feb 21, 2005
Secretary of State

Entity Name: THE ACCUPRIME MORTGAGE GROUP, LLC

Current Principal Place of Business:

1742B W 15TH STREET
PANAMA CITY, FL 32404 US

New Principal Place of Business:

1742B W 15TH STREET
PANAMA CITY, FL 32401 US

Current Mailing Address:

1742B W 15TH STREET
PANAMA CITY, FL 32404 US

New Mailing Address:

1742B W 15TH STREET
PANAMA CITY, FL 32401 US

FEI Number: 20-1227584

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

ANDERSON, EDWARD GREGORY
1742B W 15TH STREET
PANAMA CITY, FL 32404 US

Name and Address of New Registered Agent:

ANDERSON, EDWARD G
1742B W 15TH STREET
PANAMA CITY, FL 32401 US

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.

SIGNATURE: EDWARD G ANDERSON

02/21/2005

Electronic Signature of Registered Agent

Date

MANAGING MEMBERS/MEMBERS:

Title: MGRM () Delete
Name: ANDERSON, EDWARD GREGORY
Address: 7219 BOAT RACE ROAD
City-St-Zip: PANAMA CITY, FL 32404 US

Title: MGRM () Delete
Name: DICK, STEVE C
Address: 1303 CHERRY STREET
City-St-Zip: PANAMA CITY, FL 32401 US

ADDITIONS/CHANGES:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the 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 electronic 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: EDWARD G ANDERSON

MGRM

02/21/2005

Electronic Signature of Signing Managing Member, Manager, or Authorized Representative / Date