2006 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Jun 12, 2006 8:00 am
Secretary of State

05-05-2006 90029 048 ****50.00

DOCUMENT # L04000065345

1. Entity Name
PRIMROSE REAL ESTATE GROUP, LLC

Principal Place of Business	Mailing Address
7901 S.W. 6TH COURT, SUITE 150A PLANTATION, FL 33324	7901 S.W. 6TH COURT, SUITE 150A PLANTATION, FL 33324

2. Principal Place of Business	3. Mailing Address
8211 W. Broward Blvd. PH 2 Plantation, FL 33324	8211 W. Broward Blvd. PH 2 Plantation, FL 33324

03272006 Chg-LLC CR2E083 (11/05)

4. FEI Number: APPLIED FOR — 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
GARDNER, PETER C 7901 SW 6CT # 150 PLANTATION, FL 33324	Name Street Address: 8211 W. Broward Blvd. PH 2 City: Plantation, FL 33324

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

Filing Fee is $50.00
Due by May 1, 2006

Make check payable to Florida Department of State

9. MANAGING MEMBERS/MANAGERS			10. ADDITIONS/CHANGES		
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	P GARDNER, PETER C 7901 SW 6 CT, # 150 PLANTATION, FL 33324	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	8211 W. Broward Blvd. PH 2 Plantation, FL 33324	☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	ST FITRZGERALD, LUCETTE L 7901 SW 6 CT, # 150 PLANTATION, FL 33324	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	8211 W. Broward Blvd. PH 2 Plantation, FL 33324	☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Change ☐ Addition
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TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Change ☐ Addition

11. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 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: [signature] 4-27-06 954 727-9335

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE — Date — Daytime Phone #