

# 2007 LIMITED LIABILITY COMPANY ANNUAL REPORT

**FILED**  
**May 01, 2007 8:00 am**  
**Secretary of State**

05-01-2007 90333 044 \*\*\*\*55.00

**DOCUMENT # L04000073509**

1. Entity Name  
**PRIME LENDING MORTGAGE SERVICES, LLC**



Principal Place of Business  
**125 WEST INDIANTOWN ROAD  
204B  
JUPITER, FL 33458**

Mailing Address  
**125 WEST INDIANTOWN ROAD  
204B  
JUPITER, FL 33458**

60047431



2. Principal Place of Business - No P.O. Box #

3. Mailing Address

**2185 US Highway 1  
Suite, Apt. #, etc.  
Suite 102**

**2185 US Highway 1  
Suite, Apt. #, etc.  
Suite 102**

04302007 Chg-LLC CR2E083 (12/06)

City & State  
**Tequesta, FL**

City & State  
**Tequesta, FL**

4. FEI Number  
**20-1726948**

Applied For  
Not Applicable

Zip Country  
**33469 Palm**

Zip Country  
**33469 Palm**

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

**JOHANSEN, DOUGLAS G CEO  
125 WEST INDIANTOWN ROAD  
204B  
JUPITER, FL 33458**

Name **Douglas G Johansen CEO**  
Street Address (P.O. Box Number is Not Acceptable)  
**2185 U.S. Highway 1**  
**Suite 102**  
City **Tequesta** **FL** Zip Code **33469**

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]*  
Signature, typed or printed name of registered agent and title, applicable. (NOTE: Registered Agent signature required when reinstating)

**4/30/2007**  
DATE

**Filing Fee is \$50.00  
Due by May 1, 2007**

**Make check payable to  
Florida Department of State**

9. MANAGING MEMBERS/MANAGERS

10. ADDITIONS/CHANGES

TITLE **CEO**  
NAME **JOHANSEN, DOUGLAS G MGR** ☒ Delete  
STREET ADDRESS **125 WEST INDIANTOWN ROAD**  
CITY-ST-ZIP **JUPITER, FL 33458**

TITLE **CEO**  
NAME **Johansen, Douglas G MGR** ☒ Change ☐ Addition  
STREET ADDRESS **2185 US Highway 1**  
CITY-ST-ZIP **Tequesta, FL 33469**

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP ☐ Delete

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

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

**4/30/2007 241-252-6289**  
Date Daytime Phone #