

2007 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L05000030061

FILED
Mar 25, 2007
Secretary of State

Entity Name: PRIMARY PROPERTY SOLUTIONS, LLC

Current Principal Place of Business:

628 COUNTRY CLUB AVE NE
FORT WALTON BEACH, FL 32547

New Principal Place of Business:

Current Mailing Address:

628 COUNTRY CLUB AVE NE
FORT WALTON BEACH, FL 32547

New Mailing Address:

FEI Number: 20-2672739

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

BROOKS, KEITH E
628 COUNTRY CLUB AVE NE
FORT WALTON BEACH, FL 32547 US

Name and Address of New Registered Agent:

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:

Electronic Signature of Registered Agent

Date

MANAGING MEMBERS/MANAGERS:

Title: MGRM () Delete
Name: BROOKS, KEITH E
Address: 628 COUNTRY CLUB AVE NE
City-St-Zip: FORT WALTON BEACH, FL 32547

Title: MGRM () Delete
Name: BROOKS, KIM K
Address: 628 COUNTRY CLUB AVE NE
City-St-Zip: FORT WALTON BEACH, FL 32547

Title: MGMR () Delete
Name: VARNER, DON W
Address: 111 MURLY DRIVE
City-St-Zip: NICEVILLE, FL 32578

ADDITIONS/CHANGES:

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

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

Title: MGMR (X) Change () Addition
Name: VARNER, DON W
Address: 1055 ROXANNA RD
City-St-Zip: FORT WALTON BEACH, FL 32547

I hereby certify that the information supplied with this filing does not qualify for the for the exemption stated in Chapter 119, 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: KEITH E BROOKS

MGRM

03/25/2007

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