

# 2007 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L05000070983

FILED  
Jan 17, 2007  
Secretary of State

Entity Name: PRIME PROPERTIES TITLE, LLC

**Current Principal Place of Business:**

2222 PONCE DE LEON BLVD.  
PENTHOUSE  
CORAL GABLES, FL 33134 US

**New Principal Place of Business:**

**Current Mailing Address:**

2222 PONCE DE LEON BLVD.  
PENTHOUSE  
CORAL GABLES, FL 33134 US

**New Mailing Address:**

FEI Number: 87-0750447

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

**Name and Address of Current Registered Agent:**

RODON-ALVAREZ, MARY LOU MS.  
2222 PONCE DE LEON BLVD.  
PENTHOUSE  
CORAL GABLES, FL 33134 US

**Name and Address of New Registered Agent:**

RODON, MARY LOU MS.  
2222 PONCE DE LEON BLVD.  
PENTHOUSE  
CORAL GABLES, FL 33134 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: MARY LOU RODON, ESQ

01/17/2007

Electronic Signature of Registered Agent

Date

**MANAGING MEMBERS/MANAGERS:**

Title: MGRM ( ) Delete  
Name: RODON-ALVAREZ, MARY LOU MS.  
Address: 2222 PONCE DE LEON BLVD., PENTHOUSE  
City-St-Zip: CORAL GABLES, FL 33134 US

**ADDITIONS/CHANGES:**

Title: MGRM (X) Change ( ) Addition  
Name: RODON, MARY LOU MS.  
Address: 2222 PONCE DE LEON BLVD., PENTHOUSE  
City-St-Zip: CORAL GABLES, FL 33134 US

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: MARY LOU RODON, ESQ

MGRM

01/17/2007

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