

**FILED**  
**Jun 29, 2006 8:00 am**  
**Secretary of State**

05-30-2006 90184 047 \*\*\*\*50.00

**2006 LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT # L05000078321			
1. Entity Name PRIORITY SURETY COMPANY, "LLC"			
Principal Place of Business 3636 CANTRELL STREET NEW PORT RICHEY, FL 34652 US		Mailing Address 3636 CANTRELL STREET NEW PORT RICHEY, FL 34652	
2. Principal Place of Business 3636 Cantrell St		3. Mailing Address 3636 Cantrell St	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State Newport Richey, FL		City & State Newport Richey, FL	
Zip 34652		Zip 34652	
Country FLORIDA		Country FLORIDA	
4. FEI Number 20-3079696		Applied For <input checked="" type="checkbox"/> Applied For <input type="checkbox"/> Not Applicable	
5. Certificate of Status Desired <input type="checkbox"/>		\$5.00 Additional Fee Required	
6. Name and Address of Current Registered Agent WALTON, EDGAR A 7143 ST ROAD 54 SUITE 157 NEW PORT RICHEY, FL 34653		7. Name and Address of New Registered Agent Name: Edgar A. Walton Street Address (P.O. Box Number is Not Acceptable): 3636 Cantrell St City: Newport Richey FL Zip Code: 34652	
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: <u>Edgar A. Walton</u> DATE: <u>4-23-06</u> <small>Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when re-appointing)</small>			
Filing Fee is \$50.00 Due by May 1, 2008		Make check payable to Florida Department of State	
9. MANAGING MEMBERS/MANAGERS		10. ADDITIONS/CHANGES	
TITLE NAME STREET ADDRESS CITY- ST- ZIP	MGR WALTON, EDGAR A 3636 CANTRELL ST NEW PORT RICHEY, FL 34652 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY- ST- ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY- ST- ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY- ST- ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY- ST- ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY- ST- ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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TITLE NAME STREET ADDRESS CITY- ST- ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY- ST- ZIP	<input type="checkbox"/> Change <input type="checkbox"/> 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: <u>Edgar A. Walton</u> DATE: <u>4-23-06</u> <small>SIGNATURE AND TYPE OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE</small>			

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