LIMITED LIABILITY COMPANY
UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # L06000021463

1. Entity Name

Prime Residential Mortgage Group, LLC

FILED
07 MAR -6 PM 3:25
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business	3. Mailing Address
8400 North University Drive	Same
Suite, Apt. #, etc.: 209	Suite, Apt. #, etc.
City & State: TAMARAC	City & State
Zip: 33321 Country: Broward	Zip Country

DO NOT WRITE IN THIS SPACE

4. FEI Number 20-4407088 ☐ Applied For ☐ Not Applicable

5. Certificate of Status Desired ☑ **$5.00** Additional Fee Required

DO NOT WRITE IN THIS SPACE

7. Name and Address of Current Registered Agent

Name: Spiegel & Utrera, P.A.

Street Address (P.O. Box Number is Not Acceptable): 1840 Coral Way, 4th Floor

City: Miami FL Zip Code: 33145

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 _____ DATE
Signature, typed or printed name of registered agent and title if applicable.

FEE IS $50.00
Make Check Payable to Florida Department of State
DUE BY MAY 1

9. MANAGING MEMBERS / MANAGERS

TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	CEO/Director Of Operations: Ibrahim O Shittu 4118 Riverside Drive #A Coral Springs FL 33065	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	VP/Director Of Business Dev. Roslynn M Shittu 4118 Riverside Drive #A Coral Springs FL 33065	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	100092355632 03/13/07--01024--007 **50.00
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	Director Of Marketing: Tommy Onovbiona 5530 SW 10th Place Margate FL 33068	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	**DO NOT WRITE IN THIS SPACE**
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CR2E083B (12/02)

11. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), 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: _____ 2/28/2007
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE — Date — Daytime Phone #