

# 2008 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L06000021463

**FILED**  
**Mar 28, 2008**  
**Secretary of State**

**Entity Name:** PRIME RESIDENTIAL MORTGAGE GROUP, LLC

**Current Principal Place of Business:**

8400 NORTH UNIVERSITY DRIVE, #209  
TAMARAC, FL 33321

**New Principal Place of Business:**

6635 W COMMERCIAL BLVD  
SUITE 102  
TAMARAC, FL 33319

**Current Mailing Address:**

8400 NORTH UNIVERSITY DRIVE, #209  
TAMARAC, FL 33321

**New Mailing Address:**

6635 W COMMERCIAL BLVD  
SUITE 102  
TAMARAC, FL 33319

**FEI Number:** 20-4407088

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired ( )**

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

SPIEGEL & UTRERA, P.A.  
1840 SW 22ND ST.  
4TH FLOOR  
MIAMI, FL 33145 US

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

SHITTU, IBRAHIM O  
335 NW 105 TER  
PLANTATION, FL 33324 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: IBRAHIM O SHITTU

03/28/2008

Electronic Signature of Registered Agent

Date

**MANAGING MEMBERS/MANAGERS:**

Title: CEO ( ) Delete  
Name: SHITTU, IBRAHIM  
Address: 4118 RIVERSIDE DRIVE, #A  
City-St-Zip: CORAL SPRINGS, FL 33065

**ADDITIONS/CHANGES:**

Title: CDO (X) Change ( ) Addition  
Name: SHITTU, IBRAHIM  
Address: 335 NW 105 TERRACE  
City-St-Zip: PLANTATION, FL 33324

I hereby certify that the information supplied with this filing does not qualify 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: IBRAHIM O SHITTU

CDO

03/28/2008

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