


**2008 LIMITED LIABILITY COMPANY ANNUAL REPORT**


**FILED**  
**May 02, 2008 08:00 AM**  
**Secretary of State**

DOCUMENT # L00000010870  
 1. Entity Name  
 PREMIER INSURANCE, LLC



Principal Place of Business      Mailing Address  
 4200 GULF SHORE BOULEVARD NORTH      4200 GULF SHORE BOULEVARD NORTH  
 NAPLES, FL 34103      NAPLES, FL 34103

**DO NOT WRITE IN THIS SPACE**



03102008 No Chg-LLC      CR2E083 (12/07)

4. FEI Number 65-1041752	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	<b>\$5.00</b> Additional Fee Required

6. Name and Address of Current Registered Agent

GREGORY, C. NEIL  
 TRIANON CENTRE, THIRD FLOOR  
 850 PARK SHORE DRIVE  
 NAPLES, FL 34103

**DO NOT WRITE IN THIS SPACE**

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 \_\_\_\_\_ (NOTE: Registered Agent signature required when reinstating)      DATE \_\_\_\_\_

**FILE NOW!!! FEE IS \$138.75**  
**After May 1, 2008 Fee will be \$538.75**

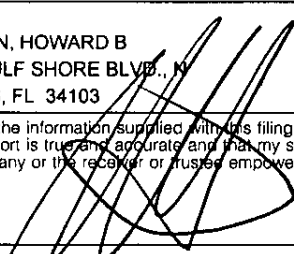
9. MANAGING MEMBERS/MANAGERS

TITLE NAME STREET ADDRESS CITY-ST-ZIP	P HORNBECK, HUNTLEY JR 4200 GULF SHORE BLVD., N NAPLES, FL 34103
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM LUTGERT, SCOTT F 4200 GULF SHORE BLVD., N NAPLES, FL 34103
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM BENZA, STEPHEN 4200 GULF SHORE BLVD., N NAPLES, FL 34103
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM WILLIAMS, MARCUS 4200 GULF SHORE BLVD., N NAPLES, FL 34103
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM BAKER, RICHARD J 4200 GULF SHORE BLVD., N NAPLES, FL 34103
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM GUTMAN, HOWARD B 4200 GULF SHORE BLVD., N NAPLES, FL 34103

U00000943209  
 05/29/08-80050-022 138.75

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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:**  **Howard B. Gutman**  
 Vice President of General Partner      4/18/2008 (239) 261-6100

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, OR AUTHORIZED REPRESENTATIVE      Date      Daytime Phone #