

2006 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Mar 17, 2006 08:00 AM
Secretary of State

DOCUMENT # L02000012063

1. Entity Name
PREMIER ENGINEERING GROUP, LLC



Principal Place of Business Mailing Address

21 EAST WRIGHT STREET **21 EAST WRIGHT STREET**
PENSACOLA, FL 32501 **PENSACOLA, FL 32501**



03142006 No Chg-LLC CR2E083 (11/05)

4. FEI Number Applied For
02-0589267 Not Applicable

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



6. Name and Address of Current Registered Agent

BROWN, CHARLES D
21 EAST WRIGHT STREET
PENSACOLA, FL 32501

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 _____

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

Filing Fee is \$50.00
Due by May 1, 2006

U00000471692
03/19/06-00006-024 CO 00

9. MANAGING MEMBERS/MANAGERS

TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM BROWN, CHARLES D 200 OREGON DRIVE MOLINO, FL 32577
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM COOK, GREGORY A 200 EDEN LANE CANTONMENT, FL 32533
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM GULLEY, SAMUEL L 6040 TOULOUSE DR PENSACOLA, FL 32505
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	



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 808, Florida Statutes.

SIGNATURE:  3-14-06 (850) 469-0405

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