

# 2003 LIMITED LIABILITY COMPANY UNIFORM BUSINESS REPORT (UBR)


**FILED**  
**Jan 24, 2003 8:00 am**  
**Secretary of State**

01-24-2003 90250 024 \*\*\*\*50.00

UBR0017

**DOCUMENT # L02000013410**

**1. Entity Name**  
**PREMIER PROPERTIES OF WEST FLORIDA, LLC**



**Principal Place of Business**      **Mailing Address**  
4823 HOLIDAY DRIVE      4823 HOLIDAY DRIVE  
TAMPA FL 33615      TAMPA FL 33615



CHECK HERE IF MAKING CHANGES

**2. Principal Place of Business**      **3. Mailing Address**  
**P.O. Box 549**      **P.O. Box 549**

Suite, Apt. #, etc.      Suite, Apt. #, etc.

**City & State**      **City & State**  
**Odessa, FL**      **Odessa, FL**

**Zip**      **Country**      **Zip**      **Country**  
**33556**      **Hillsborough**      **33556**      **Hillsborough**

**4. FEI Number**      **Applied For**  
**02-0612862**       Not Applicable

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

**6. Name and Address of Current Registered Agent**  
**DIETRICH, D. PAUL II**  
**37 NORTH ORANGE AVE., SUITE 200**  
**ORLANDO FL 32801**

**7. Name and Address of New Registered Agent**

Name

Street Address (P.O. Box Number is Not Acceptable)

City      **FL**      Zip Code

**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 \$50.00**  
**Make Check Payable to Florida Department of State**  
**Due By May 1, 2003**

**9. MANAGING MEMBERS/MANAGERS**

TITLE	NAME	STREET ADDRESS	CITY-ST-ZIP	<input type="checkbox"/> Delete
MGRM	CHASE, CHARLES J	5337 CYPRESS RESERVE PLACE	WINTER PARK FL 32792	<input type="checkbox"/>
MGRM	ESPOSITO, ED	4823 HOLIDAY DRIVE	TAMPA FL 33615	<input type="checkbox"/>
				<input type="checkbox"/>
				<input type="checkbox"/>
				<input type="checkbox"/>

**10. ADDITIONS/CHANGES**

TITLE	NAME	STREET ADDRESS	CITY-ST-ZIP	<input type="checkbox"/> Change	<input type="checkbox"/> Addition
				<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>

**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:**  **SIGNATURE REQUIRED**      **1/17/03**      **727-420-7489**

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

CR2E083 (10/02)