

# 2007 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L06000080522

FILED  
Apr 30, 2007  
Secretary of State

Entity Name: PREMIER INNOVATION, LLC

**Current Principal Place of Business:**

20301 GRANDE OAKS BLVD.  
SUITE 118-82  
ESTERO, FL 33928

**New Principal Place of Business:**

**Current Mailing Address:**

20301 GRANDE OAKS BLVD.  
SUITE 118-82  
ESTERO, FL 33928

**New Mailing Address:**

FEI Number:                      FEI Number Applied For (X)                      FEI Number Not Applicable ( )                      Certificate of Status Desired ( )

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

RAGAIN, CHRISTOPHER G  
27499 RIVERVIEW CENTER BLVD.  
262  
BONITA SPRINGS, FL 34134 US

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

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:

\_\_\_\_\_  
Electronic Signature of Registered Agent

\_\_\_\_\_  
Date

**MANAGING MEMBERS/MANAGERS:**

Title: MGR ( ) Delete  
Name: J. CRAWFORD ASSOCIAT, ES, INC.  
Address: 20301 GRANDE OAKS BLVD. SUITE 118-5  
City-St-Zip: ESTERO, FL 33928

Title: MGR ( ) Delete  
Name: OMC CONSULTING SERVI, CES INTL., INC .  
Address: 27499 RIVERVIEW CENTER BLVD. SUITE 262  
City-St-Zip: BONITA SPRINGS, FL 34134

Title: MGR ( ) Delete  
Name: RJW CONSULTING SERVI, CES, INC.  
Address: 27499 RIVERVIEW CENTER BLVD. SUITE 262  
City-St-Zip: BONITA SPRINGS, FL 34134

Title: MGR ( ) Delete  
Name: INIZIO, INC.,  
Address: 27499 RIVERVIEW CENTER BLVD. SUITE 262  
City-St-Zip: BONITA SPRINGS, FL 34134

Title: MGR ( ) Delete  
Name: FLEET TECHNOLOGIES,, INC.  
Address: 998 RAILROAD STREET, NW  
City-St-Zip: HARTSELLE, AL 35640

**ADDITIONS/CHANGES:**

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

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: J SHIELDS

PRES

04/30/2007

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