



**2006 LIMITED LIABILITY COMPANY
ANNUAL REPORT**

FILED

**Apr 26, 2006 08:00 AM
Secretary of State**

DOCUMENT # L00000010870		
1. Entity Name PREMIER INSURANCE, LLC		
Principal Place of Business 4200 GULF SHORE BOULEVARD NORTH NAPLES, FL 34103		Mailing Address 4200 GULF SHORE BOULEVARD NORTH NAPLES, FL 34103
DO NOT WRITE IN THIS SPACE		
		 03152006No Chg-LLC CR2E083 (11/05)
4. FEI Number 65-1041752		Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>		\$5.00 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 _____ <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)</small> DATE _____		
Filing Fee is \$50.00 Due by May 1, 2006		
9. MANAGING MEMBERS/MANAGERS		DO NOT WRITE IN THIS SPACE
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	
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 _____ <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, OR AUTHORIZED REPRESENTATIVE</small>		Howard B. Gutman Vice President of General Partners (239) 261-6100