

2013 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L11000071938

Entity Name: BEST PREMIUM PROPERTIES, LLC

Current Principal Place of Business:

1802 CORPORATE CENTER LANE
PLANT CITY, FL 33563

Current Mailing Address:

1802 CORPORATE CENTER LANE
PLANT CITY, FL 33563 US

FEI Number: 45-2613235

Certificate of Status Desired: Yes

Name and Address of Current Registered Agent:

C T CORPORATION SYSTEM
1200 SOUTH PINE ISLAND ROAD
PLANTATION, FL 33324 US

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

Authorized Person(s) Detail :

| | | | |
|-----------------|----------------------------------|-----------------|----------------------------------|
| Title | MGR | Title | MGRM |
| Name | ALMALKI, MOHANNAD | Name | MALKI, MAZEN |
| Address | 5813 BUTTERFIELD ST | Address | 11 CORNER AL-IHSAA ST & JARIR ST |
| City-State-Zip: | RIVERVIEW FL 33578 | City-State-Zip: | RIYADH 11656, SAUDI ARABIA |
| | | | |
| Title | MGRM | Title | MGR |
| Name | MALKI, FAWAZ | Name | ALMALKI, MOHANNAD |
| Address | 11 CORNER AL-IHSAA ST & JARIR ST | Address | 5813 BUTTERFIELD ST |
| City-State-Zip: | RIYADH 11656, SAUDI ARABIA | City-State-Zip: | RIVERVIEW FL 33578 |
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I hereby certify that the information indicated on this report or supplemental 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; and that my name appears above, or on an attachment with all other like empowered.

SIGNATURE: MOHANNAD ALMALKI

MGR

02/05/2013

Electronic Signature of Signing Authorized Person(s) Detail

Date