

# 2001 UNIFORM BUSINESS REPORT (UBR)

0012233 AF

APPROVED  
AND  
FILED

01 MAY -2 AM 10:50

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA



DO NOT WRITE IN THIS SPACE

<b>DOCUMENT # L00000004134</b>			
1. Entity Name <b>PREMIER DEVELOPERS ASSOCIATES, L.L.C.</b>			
Principal Place of Business <b>3201 W. GRIFFIN ROAD SUITE 106 DANIA BEACH FL 33134</b>		Mailing Address <b>3201 W. GRIFFIN ROAD SUITE 106 DANIA BEACH FL 33134</b>	
2. Principal Place of Business		3. Mailing Address	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State		City & State	
Zip	Country	Zip	Country
6. Name and Address of Current Registered Agent  <b>SHEAR, DAVID 201 ALHAMBRA CIRCLE, SUITE 601 CORAL GABLES FL 33134</b>		7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City <b>FL</b> 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.			
SIGNATURE _____ (NOTE: registered Agent signature required when reinstating) DATE _____			
FILE NO. <b>600004302906--9</b> FEE IS \$50.00 Make Check Payable to Department of State		-05/23/01--01105--002 *****50.00 *****50.00	
9. MANAGING MEMBERS/MEMBERS		10. ADDITIONS/CHANGES	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
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CR2E083 (11/00)

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 AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE

**4/30/01** **954-965-3636**  
Date Daytime Phone #