

**2004 LIMITED LIABILITY COMPANY  
ANNUAL REPORT**

**FILED**  
**May 03, 2004 08:00 AM**  
**Secretary of State**

**DOCUMENT # L00000004134**

1. Entity Name  
**PREMIER DEVELOPERS ASSOCIATES, L.L.C.**



Principal Place of Business  
**3201 W. GRIFFIN ROAD  
SUITE 106  
FORT LAUDERDALE, FL 33312**

Mailing Address  
**3201 W. GRIFFIN ROAD  
SUITE 106  
FORT LAUDERDALE, FL 33312**



04162004 No Chg-LLC

CR2E083 (10/03)

**DO NOT WRITE IN THIS SPACE**

4. FEI Number  
**65-0999764**

Applied For  
Not Applicable

5. Certificate of Status Desired ☐

**\$5.00** Additional  
Fee Required

**6. Name and Address of Current Registered Agent**

**DECKELBAUM, GORDON  
3201 W GRIFFIN RD  
#106  
FORT LAUDERDALE, FL 33312**

**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 \_\_\_\_\_

Signature, typed or printed name of registered agent and title if applicable

(NOTE: Registered Agent signature required when reinstating)

DATE \_\_\_\_\_

**Filing Fee is \$50.00  
Due by May 1, 2004**

U00000147202  
05/03/04-60096-018 50.00

**9. MANAGING MEMBERS/MANAGERS**

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
**MGR  
DECKELBAUM, GORDON  
3201 W. GRIFFIN RD. #106  
FORT LAUDERDALE, FL 33312**

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
**MGR  
KEMPNER, MIKE  
3201 W. GRIFFIN RD. #106  
FORT LAUDERDALE, FL 33312**

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

**DO NOT WRITE  
IN THIS SPACE**

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, OR AUTHORIZED REPRESENTATIVE

**4/29/04**

Date

**954-965-3636**

Daytime Phone #