


2008 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Feb 14, 2008 8:00 am
Secretary of State

02-14-2008 90074 010 ***143.75

DOCUMENT # L00000011856	
1. Entity Name PREMIUM ESTATE LIQUIDATORS, LLC	

Principal Place of Business 8251 15TH STREET E UNIT J/K SARASOTA, FL 34243	Mailing Address ONE S. SCHOOL AVE., #301 SARASOTA, FL 34237
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DO NOT WRITE IN THIS SPACE



01072008 No Chg-LLC

CR2E083 (12/07)

4. FEI Number 65-1045298	Applied For Not Applicable
5. Certificate of Status Desired	<input checked="" type="checkbox"/> \$5.00 Additional Fee Required

6. Name and Address of Current Registered Agent HECKER, SUSAN B 200 SOUTH ORANGE AVENUE SARASOTA, FL 34236

**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

FILE NOW!!! FEE IS \$138.75 PLUS \$5.00 = 143.75
After May 1, 2008 Fee will be \$538.75

9. MANAGING MEMBERS/MANAGERS	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	P HARDIN, DONNA J 4604 CORAL BLVD. BRADENTON, FL 34210
TITLE NAME STREET ADDRESS CITY - ST - ZIP	S GUSTAFSON, KARIN 1 SOUTH SCHOOL AVENUE, #302 SARASOTA, FL 34237
TITLE NAME STREET ADDRESS CITY - ST - ZIP	T WILSON, JOAN 3916 COUNTRY VIEW DR. SARASOTA, FL 34233
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 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: Karin Gustafson 2/14/08 941.951-1336
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, OR AUTHORIZED REPRESENTATIVE Date Daytime Phone #