

# 2004 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L01000009677

FILED  
Apr 27, 2004  
Secretary of State

Entity Name: PREMIER ESTATES, LLC

## Current Principal Place of Business:

12900 SW 128 STREET  
#205  
MIAMI, FL 33186

## New Principal Place of Business:

## Current Mailing Address:

12900 SW 128 STREET  
#205  
MIAMI, FL 33186

## New Mailing Address:

FEI Number: 65-1142413      FEI Number Applied For ( )      FEI Number Not Applicable ( )      Certificate of Status Desired ( )

## Name and Address of Current Registered Agent:

SABBAGH, EDGAR  
12900 SW 128 STREET  
#205  
MIAMI, FL 33186 US

## Name and Address of New Registered Agent:

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

## MANAGING MEMBERS/MEMBERS:

Title: MGRM ( ) Delete  
Name: SABBAGH, EDGAR  
Address: 12900 SW 128 STREET SUITE #205  
City-St-Zip: MIAMI, FL 33186

Title: MGRM ( ) Delete  
Name: GARCIA, HECTOR J  
Address: 12900 SW 128 STREET #205  
City-St-Zip: MIAMI, FL 33186

Title: MGRM ( ) Delete  
Name: MATERA, ALFREDO  
Address: 12900 SW 128 STREET #205  
City-St-Zip: MIAMI, FL 33186

## ADDITIONS/CHANGES:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the 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 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.

SIGNATURE: EDGAR SABBAGH

MGRM

04/27/2004

Electronic Signature of Signing Managing Member, Manager, or Authorized Representative / Date