2002 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # L01000012035

STREET ADDRESS

CITY-ST-ZIP

PREMIER INVESTORS OF PALM BEACH, L.L.C.

Principal Place of Business Mailing Address 2204 W. CDIECINI DOAD, CHITE 100 2201 M. COICCIN DOAD CHITC 100

FILED Sep 11, 2002 8:00 am Secretary of State 09-11-2002 90061 028 ****50.00

DANIA BEACH FL 33312		DANIA BEACH FL 33312			ļ	010123				
2. Principal P	Place of Business	3. Mailing Addre	955							
	add of Basilloss	5. Maining Address								
Suite, Apt.	#, etc.	Suite, Apt. #, etc.				DO NOT WRITE IN THIS SPACE				
City & State	е	City & State			4. FEI N	4. FEI Number 65 - // 22524 Applied For Not Applied For				
Zip	Country	Zip	Cour	ntry		icate of Status D	•	\$5.00 Ad	Iditional	
	6. Name and Address of Curren	t Registered Agent			7. Name	and Address	f New Register			
201 /	OSTONE, RONALD R ALHAMBRA CIRCLE, SUITE 601 AL GABLES FL 33134			Name Street A	KELBAUM ddress (P.O. Box N	Goods	\a_f			
· ·				City	PAROLA DE	oech	<u> </u>	FL Zip Soc	ie ₹ <i>312</i>	
8. The above	named entity submits this statement ions of registered agent	or the purpose of cha	anging its register	ed office or	registered agent, o	or both, in the Sta	ate of Florida. I	am familiar with	and accept	
	ions of registered agent,						9.	3/02		
SIGNATURE _	Signature typed or printed name of registered agen	t and title if applicable.	(NOTE: Registere	d Agent signat	ure required when reinstati	ng)	J A	TE/		
		Make	FILE NOW!!! heck Payable t Bue By Septe	o Depart	ment of State				į	
9.	MANAGING MEMB		10.	_	Mod	ADD	ITIONS/CHANG			
NAME STREET ADDRESS CITY-ST-ZIP		□ De	NAM Stre		MgR DECKElbAU BZOI W GA DANIA BE		J # 106 33312	☐ Change	Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ De	NAM STRE		MgR KEMPNER, 3201 W G DANIA BE	Michael eiffin Rd		☐ Change	Addition	
NAME STREET ADDRESS CITY-ST-ZIP		Del	NAM! STRE					☐ Chänge	☐ Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP		□ Del	NAM! STRE			**************************************	·	☐ Change	☐ Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP		□ Del	NAME STREE					☐ Change	☐ Addition	
TITLE '.		☐ Del	lete TITLE					☐ Change	Addition	

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.

STREET ADDRESS

CITY-ST-ZIP

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