

**2004 LIMITED LIABILITY COMPANY
ANNUAL REPORT**

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

DOCUMENT # L01000012035

1. Entity Name
PREMIER INVESTORS OF PALM BEACH, L.L.C.



Principal Place of Business

3201 W. GRIFFIN ROAD, SUITE 106
DANIA BEACH, FL 33312

Mailing Address

3201 W. GRIFFIN ROAD, SUITE 106
DANIA BEACH, FL 33312



04162004 No Chg-LLC

CR2E083 (10/03)

DO NOT WRITE IN THIS SPACE

4. FEI Number
65-1122524

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
DANIA BEACH, 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

1000000147204
05/03/04-80096-019.50.00

9. MANAGING MEMBERS/MANAGERS

TITLE	MGR
NAME	DECKELBAUM, GORDON
STREET ADDRESS	3201 W GRIFFIN RD #106
CITY - ST - ZIP	DANIA BEACH, FL 33312
TITLE	MGR
NAME	KEMPNER, MICHAEL
STREET ADDRESS	3201 W GRIFFIN RD #106
CITY - ST - ZIP	DANIA BEACH, FL 33312
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

954965-3636

Daytime Phone #

Gordon Deckelbaum