

**2005 LIMITED LIABILITY COMPANY  
ANNUAL REPORT**

**FILED**  
**Apr 22, 2005 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



04192005No 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, 2005**

UDD0000324803  
04/22/05-80107-020 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

4/18/05

Date

(954) 965-3636

Daytime Phone #