2007 LIMITED LIABILITY COMPANY ANNUAL REPORT

DO NOT WRITE IN THIS SPACE

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

FILED May 01, 2007 8:00 am Secretary of State

05-01-2007 90326 001 ****50.00

60047100



04272007 No Chg-LLC

CR2E083 (11/05)

4. FÉI 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

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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 it applicable. (NOTE: Registered Agent signature re-		tered Agent signature required when reinstating) DATE
Filing Fee is \$50.00 Due by May 1, 2007		
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	7
NAME	KEMPNER, MICHAEL	
STREET ADDRESS	3201 W GRIFFIN RD #106	•
CITY-ST-ZIP	DANIA BEACH, FL 33312	
TITLE		
NAME		
STREET ADDRESS		DO NOT WRITE
CITY-ST-ZIP	·	DO NOT WALLE
TITLE		IN THIS SPACE
NAME		IN THIS SPACE
STREET ADDRESS		
CITY-ST-ZIP		

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:

STREET ADDRESS CITY-ST-ZIP TITLE

STREET ADDRESS CITY-ST-ZIP

URE AND TIPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, OR AUTHORIZED REPRESENTATIVE

4/20/07

(954)965-3636

Daytime Phone #