## 2008 LIMITED LIABILITY COMPANY ANNUAL REPORT

DO NOT WRITE IN THIS SPACE

## **DOCUMENT # L01000012035**

1. Entity Name

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



FILED May 02, 2008 08:00 AN Secretary of State

Principal Place of Business

Mailing Address

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



04242008 No Chg-LLC

CR2E083 (12/07)

4. FEI Number	 Applied For
65-1122524	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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DANIA BEACH, FL 33312			3.7.32		
	named entity submits this statement for the purpose of chairons of registered agent.	: nging its registered office or registered agent, or bo	th, in the State of Florida. I am familiar with, and accept		
SIGNATURE_	Signature, typed or printed name of registered agent and little if applicable.	(NOTE: Registered Agent signature required when reinstalling)	DATE		
After May	NOW!!! FEE IS \$138.75 y 1, 2008 Fee will be \$538.75				
9.	MANAGING MEMBERS/MANAGERS  MGR				
NAME	DECKELBAUM, GORDON		•		
STREET ADDRESS	3201 W GRIFFIN RD #106		Hananakotot		
CITY-ST-ZIP	DANIA BEACH, FL 33312		05/29/08-80035-004 138.75		
TITLE	MGR				
NAME	KEMPNER, MICHAEL		•		
STREET ADDRESS	3201 W GRIFFIN RD #106				

NAME
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

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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:

NAME STREET ADDRESS CITY-ST-ZIP

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

Date

Daytime Phone #