

**2005 LIMITED LIABILITY COMPANY  
ANNUAL REPORT**

**FILED**  
**Aug 02, 2005 08:00 AM**  
**Secretary of State**

**DOCUMENT # L01000017482**

1. Entity Name  
**PREMIER BRIDE OF NE FLORIDA, LLC**



Principal Place of Business  
**5800 BEACH BOULEVARD #203-131  
JACKSONVILLE, FL 32207**

Mailing Address  
**5800 BEACH BOULEVARD #203-131  
JACKSONVILLE, FL 32207**



07312005No Chg-LLC

CR2E083 (10/03)

**DO NOT WRITE IN THIS SPACE**

4. FEI Number  
**59-3742208**

Applied For  
Not Applicable

5. Certificate of Status Desired  **\$5.00 Additional  
Fee Required**

**6. Name and Address of Current Registered Agent**

**ACOSTA, ENRIQUE  
5800 BEACH BOULEVARD  
JACKSONVILLE, FL 32207**

**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 September 7, 2005**

U00000375355  
08/02/05-80001-005 50.00

**9. MANAGING MEMBERS/MANAGERS**

TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>MGR LEWIS, SHARON R 4615 EMPIRE AVE. JACKSONVILLE, FL 32207</b>
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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: *Sharon R. Lewis* **Sharon R. Lewis** 7/31/05 904.858.1690