

# 2004 LIMITED LIABILITY COMPANY ANNUAL REPORT

**FILED**  
**Apr 30, 2004 8:00 am**  
**Secretary of State**

04-30-2004 90081 047 \*\*\*\*50.00

**DOCUMENT # L01000019103**

1. Entity Name  
**PREMIER ENTERPRISES, L. L. C.**



Principal Place of Business  
5129 CASTELLO DRIVE  
SUITE 3  
NAPLES, FL 34103

Mailing Address  
5129 CASTELLO DRIVE  
SUITE 3  
NAPLES, FL 34103

44061284



2. Principal Place of Business

**1185 IMMOKALEE RD.**

Suite, Apt. #, etc.

**SUITE 210**

City & State

**NAPLES, FL**

Zip

**34110**

Country

**US**

3. Mailing Address

**1185 IMMOKALEE RD**

Suite, Apt. #, etc.

**SUITE 210**

City & State

**NAPLES, FL**

Zip

**34110**

Country

**US**

04272004 Chg-LLC CR2E083 (10/03)

4. FEI Number

**29-4246447**

Applied For

Not Applicable

5. Certificate of Status Desired ☐

**\$5.00** Additional  
Fee Required

6. Name and Address of Current Registered Agent

**RICHMAN, DEIFIK, LANIER & ROSS, PA**  
**2640 GOLDEN GATE PARKWAY**  
**SUITE 206**  
**NAPLES, FL 34105**

7. Name and Address of New Registered Agent

Name

Street Address (P.O. Box Number is Not Acceptable)

City

**FL**

Zip Code

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**

**Make check payable to**  
**Florida Department of State**

9. MANAGING MEMBERS/MANAGERS

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
**P FRYE, EARL L**  
**5129 CASTELLO DR STE 3**  
**NAPLES, FL 34103**

☐ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
**P FRYE, EARL L**  
**1185 IMMOKALEE RD SUITE 210**  
**NAPLES, FL 34110**

☐ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

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10. ADDITIONS/CHANGES

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
☐ Change ☐ Addition

TITLE  
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CITY-ST-ZIP  
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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: EARL L. FRYE**

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

**4/27/04**

Date

**239-254-2120**

Daytime Phone