2005 LIMITED LIABILITY COMPANY

ANNUAL REPORT **DOCUMENT # L01000019103** PREMIER ENTERPRISES, L. L. C.

FILED Jan 12, 2005 08:00 AM Secretary of State



Principal Place of Business 1185 IMMOKALEE RD., STE 210 NAPLES, FL 34110

Mailing Address 1185 IMMOKALEE RD., STE 210 SUITE 3 NAPLES, FL 34110



01062005No Chg-LLC

CR2E083 (10/03)

4, FEI Number 29-4246447	 Applied For Not Applicable	
5. Certificate of Status Desired	\$5.00 Additional Fee Required	

DO NOT WRITE IN THIS SPA	ICE
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6. Name and Address of Current Registered Agent

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

SIGNATUR

DO NOT WRITE IN THIS SPACE

The above the obligat	named entity submits this statement for the purpose of chan ions of registered agent.	ging its registered office or registered agent, or both, in the S	state of Florida. I am familiar with, and accept	
SIGNATURE_	Signature, typod or printed name of registered agent and title if applicable.	(NOTE: Registered Agent signature required when reinstating)	DATE	
Fi	ling Fee is \$50.00 ue by May 1, 2005			
9.	MANAGING MEMBERS/MANAGERS			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P FRYE, EARL L 1185 IMMOKALEE RD., STE 210 NAPLES, FL 34110		•	
TITLE NAME STREET ADDRESS CITY-ST-ZIP		01	U00000178349	
TITLE NAME STREET ADDRESS CITY-ST-ZIP			12/05-80024-008 50.00 T WRITE	
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ITTLE NAME STREET ADDRESS CITY-ST-ZIP				
TITLE NAME STREET ADDRESS CITY-ST-ZIP				
11. I heroby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3\(\)(3\(\)), 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 trestee empowered to execute this report as required by Chapter 608, Florida Statutes.				