2008 LIMITED LIABILITY COMPANY **ANNUAL REPORT**

Apr 24, 2008 8:00 am Secretary of State DOCUMENT # L02000004620 04-24-2008 90010 008 ***138.75 PREMIER PROPERTIES, LLC Principal Place of Business Mailing Address DUULIOUJ 1710 GOLDENROD RD., UNIT 2N P.O. BOX 941342 ORLANDO, FL 32807 MAITLAND, FL 32794-1342 2. Principal Place of Business - No P.O. Box # 3. Mailing Address. P.O. 13 Suite, Apt. #, etc. Suite, Apt. #, etc. 04112008 Chg-LLC CR2E083 (12/06) City & State 4. FEI Number Applied For 04-3638374 Not Applicable Country Zip Country \$5.00 Additional 5. Certificate of Status Desired -6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent Name HUSTON, MATTHEW D Street Address (P.O. Box Number is Not Acceptable) 386 MOHAVE TERRACE LAKE MARY, FL 32746 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: flegistered Agent signature required when reinstating) FILE NOWIII FEE IS \$138.75 Make check payable to After May 1, 2008 Fee will be \$538.75 Florida Department of State ADDITIONS/CHANGES MANAGING MEMBERS/MANAGERS 9. 10. Addition TITLE ☐ Delete TITLE Change HUSTON, MATTHEW D NAME NAME 386 MOHAVE TERRACE STREET ADDRESS STREET ADDRESS CITY-ST-ZIP LAKE MARY, FL 32746 CITY-ST-ZIP VP fuston, JER: J. 175 WARRIOR TRAIL ☐ Addition TITLE ☐ Delete TITLE NAME HUSTON, JERLJ NAME STREET ADDRESS 1008 MANCHESTER CIR STREET ADDRESS WINTER PARK, FL 32792 CITY-ST-ZIP CITY-ST-ZIP TITLE · - Delete TITLE ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Change ☐ Addition TITLE □ Delete TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP Delete TITLE ☐ Change ☐ Addition TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Change ☐ Addition TITEF Delete TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-7IP CITY-ST-ZIP 11. I hereby certify that the information supplied with the 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 flability company or the receiver or trustee empowered to execute this report as required by Chapter 608, Florida Statutes.