2005 I IMITED LIABILITY COMPANY

2005 08:00 AM

ANNUAL REPORT			Secretary of State	
DOCUMENT # L02000007802 1. Entity Name PREMIER LANE MAINTENANCE, LC			Secretary of State	
Principal Place of Business 1389 N.W. 136 AVENUE SUNRISE, FL 33323 DO NOT WRITE IN THIS SPA				
		ACE	04262005 No Chg-LLC CR2E083 (10/03) 4. FEI Number 46-0482368 Applied For Not Applicable 5. Certificate of Status Desired \$5.00 Additional Fee Required	
	Name and Address of Current Registered Agent			
STRICKROOT, JOHN C ESQ. 100 S.E. 2ND STREET, 17TH FLOOR MIAMI, FL 33131			DO NOT WRITE IN THIS SPACE	
signature.	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 ———————————————————————————————————			
9.	MANAGING MEMBERS/MANAGERS			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM SCHUMACKER, JOSEPH 12734 STONEBROOK DR DAVIE, FL 33330			
TITLE NAME STREET ADDRESS CITY-ST-ZIP			U00000358806 05/04/05-80128-019 50.00	
TITLE NAME STREET ADDRESS CITY-ST-ZIP			DO NOT WRITE IN THIS SPACE	
TITLE NAME STREET ADDRESS CITY-ST-ZIP				
TITLE NAME STREET ADDRESS CITY - ST - ZIP				
TITLE NAME				

11. I hereby certify that the information supplied with this filling does not qualify for the exemption stated in Section 119.07(3)(1), 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.

STREET ADDRESS CITY-ST-ZIP

SIGNATURE: Joseph Phehamichy Joseph Schimacker \$ 4-27-65 (954) 846-8400

SIGNATURE AND TYPED ON PRINTED NAME OF SIGNING MANAGING MEMBER, OR AUTHORIZED REPRESENTATIVE Date Date Desputing Proces #