

2006 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Mar 17, 2006 08:00 AM
Secretary of State

DOCUMENT # L02000012063

1. Entity Name
PREMIER ENGINEERING GROUP, LLC



Principal Place of Business
**21 EAST WRIGHT STREET
 PENSACOLA, FL 32501**

Mailing Address
**21 EAST WRIGHT STREET
 PENSACOLA, FL 32501**



03142006No Chg-LLC CR2E083 (11/05)

4. FEI Number
02-0589267 Applied For
 Not Applicable

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



6. Name and Address of Current Registered Agent

**BROWN, CHARLES D
 21 EAST WRIGHT STREET
 PENSACOLA, FL 32501**

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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____

Signature, typed or printed name of registered agent and title if applicable

**Filing Fee is \$50.00
 Due by May 1, 2006**

U00000471692
 03/19/06-00006-024 CO 00

9. MANAGING MEMBERS/MANAGERS

TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM BROWN, CHARLES D 200 OREO DRIVE MOLINO, FL 32577
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM COOK, GREGORY A 200 EDEN LANE CANTONMENT, FL 32533
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM GULLEY, SAMUEL L 6040 TOULOUSE DR PENSACOLA, FL 32505
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	



11. I hereby certify that the information supplied with this 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 liability company or the receiver or trustee empowered to execute this report as required by Chapter 808, Florida Statutes.

SIGNATURE:  3-14-06 (850) 469-0405

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, OR AUTHORIZED REPRESENTATIVE Date Daytime Phone #