

# 2009 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L02000013396

**FILED**  
**Feb 18, 2009**  
**Secretary of State**

**Entity Name:** PREMIER II ASSOCIATES, LLC

**Current Principal Place of Business:**

13817 CYPRESS VILLAGE CR  
TAMPA, FL 33618 US

**New Principal Place of Business:**

13819 CYPRESS VILLAGE CR  
TAMPA, FL 33618 US

**Current Mailing Address:**

P.O. BOX 272776  
TAMPA, FL 33688 US

**New Mailing Address:**

13819 CYPRESS VILLAGE CR  
TAMPA, FL 33618 US

**FEI Number:** 04-3680081

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired ( )**

**Name and Address of Current Registered Agent:**

PETERS, JUDITH D  
13819 CYPRESS VILLAGE CIRCLE  
TAMPA, FL 33618 US

**Name and Address of New Registered Agent:**

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.

**SIGNATURE:**

\_\_\_\_\_  
Electronic Signature of Registered Agent

\_\_\_\_\_  
Date

**MANAGING MEMBERS/MANAGERS:**

Title: P ( ) Delete  
Name: PETERS, JUDITH D  
Address: 4204 GOLF CLUB LN  
City-St-Zip: TAMPA, FL 33624

**ADDITIONS/CHANGES:**

Title: P (X) Change ( ) Addition  
Name: PETERS, JUDITH D  
Address: 13819 CYPRESS VILLAGE CR  
City-St-Zip: TAMPA, FL 33618

I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Chapter 119, Florida Statutes. I further certify that the information indicated on this report is true and accurate and that my electronic 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:** JUDTH D PETERS

PRES

02/18/2009

\_\_\_\_\_  
Electronic Signature of Signing Managing Member, Manager, or Authorized Representative / Date