

# **2004 LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# L02000018118

**FILED**  
**Jun 21, 2004**  
**Secretary of State**

**Entity Name:** PREMIER EVENT PRODUCTIONS LTD. CO.

**Current Principal Place of Business:**

1640 HARBOURSIDE DRIVE  
WESTON, FL 33326

**New Principal Place of Business:**

**Current Mailing Address:**

1640 HARBOURSIDE DRIVE  
WESTON, FL 33326

**New Mailing Address:**

**FEI Number:** 73-1651549

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired ( )**

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

BAUMEIGE, YVAN  
1640 HARBOURSIDE DRIVE  
WESTON, FL 33326 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/MEMBERS:**

Title: P ( ) Delete  
Name: BAUMEIGE, YVAN  
Address: 1640 HARBOURSIDE DRIVE  
City-St-Zip: WESTON, FL 33326

Title: ( ) Delete  
Name:  
Address:  
City-St-Zip:

**ADDITIONS/CHANGES:**

Title: MGR (X) Change ( ) Addition  
Name: BAUMEIGE, YVAN  
Address: 1640 HARBOURSIDE DRIVE  
City-St-Zip: WESTON, FL 33326

Title: MGR ( ) Change (X) Addition  
Name: BAUMEIGE, INGRID  
Address: 1640 HARBOUR SIDE DRIVE  
City-St-Zip: WESTON, FL 33326

I hereby certify that the information supplied with this filing does not qualify for the for the exemption stated in Section 119.07(3)(i), 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:** INGRID BAUMEIGE

MGR

06/21/2004

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