

2004 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L02000021361

FILED
Jan 21, 2004
Secretary of State

Entity Name: PREMIER PROCESSING, LLC

Current Principal Place of Business:

554 LAKE CYPRESS CIRCLE
OLDSMAR, FL 34677

New Principal Place of Business:

1603 SWAMP ROSE LANE
TRINITY, FL 34655

Current Mailing Address:

554 LAKE CYPRESS CIRCLE
OLDSMAR, FL 34677

New Mailing Address:

1324 SEVEN SPRINGS BLVD.
#309
NEW PORT RICHEY, FL 34655

FEI Number: 75-3077713

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

MINEAR, TODD
554 LAKE CYPRESS CIRCLE
OLDSMAR, FL 34677

Name and Address of New Registered Agent:

MINEAR, TODD
1603 SWAMP ROSE LANE
TRINITY, FL 34655

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:

01/21/2004

Electronic Signature of Registered Agent

Date

MANAGING MEMBERS/MEMBERS:

Title: MGRM () Delete
Name: MINEAR, TODD
Address: 554 LAKE CYPRESS CIRCLE
City-St-Zip: OLDSMAR, FL 34677

Title: MGRM () Delete
Name: MINEAR, KASEY
Address: 554 LAKE CYPRESS CIRCLE
City-St-Zip: OLDSMAR, FL 34677

ADDITIONS/CHANGES:

Title: MGRM (X) Change () Addition
Name: MINEAR, TODD
Address: 1603 SWAMP ROSE LANE
City-St-Zip: TRINITY, FL 34655

Title: MGRM (X) Change () Addition
Name: MINEAR, KASEY
Address: 1603 SWAMP ROSE LANE
City-St-Zip: TRINITY, FL 34655

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: TODD MINEAR

MR.

01/21/2004

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