2006 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT # L02000025180

1. Entity Name

PREMIER DEVELOPERS III, L.L.C.



FILED Apr 25, 2006 08:00 AN Secretary of State

Principal Place of Business

3201 W. GRIFFIN ROAD, STE. 106 DANIA BEACH, FL 33312 Mailing Address

3201 W. GRIFFIN ROAD, STE. 106 DANIA BEACH, FL 33312



04242006 No Chg-LLC

CR2E083 (11/05)

4. FEI Number Appiled For 51-0434749 Not Applicable

5. Certificate of Status Desired

\$5.00 Additional Fee Required

6. Name and Address of Current Registered Agent

DO NOT WRITE IN THIS SPACE

SHEAR, DAVID P.A. 201 ALHAMBRA CIRCLE, STE. 601 CORAL GABLES, FL 33134

DO NOT WRITE IN THIS SPACE

	named entity submits this statement for the purpose of chations of registered agent.	l Inging its registered office or registered agent, or both, in	the State of Florida. I am familiar with, and acce	pt
SIGNATURE			OATE	
	Signature, typed or printed name of registered agent and title if applicable.	(NOTE_Registered Agent signature required when reinstating)	. DATE	
	iling Fee is \$50.00 ue by May 1, 2006			
9.	MANAGING MEMBERS/MANAGERS			
TITLE	MGR		· · · · · · · · · · · · · · · · · · ·	
NAME	DECKELBURM, BRADLEY			
CTOCCT ADDRESS	2204 W CRIFFIN ROAD STE 106	•	•	

CITY-ST-ZIP DANIA BEACH, FL 33312 TITLE DECKELBAUM, GORDON NAME STREET ADDRESS 3201 W. GRIFFIN ROAD, STE. 106 CITY-ST-ZIP DANIA BEACH, FL 33312 TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE STREET ADDRESS City-ST-ZIP

U00000531789 05/06/06-80059-005 50.00

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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 empewered to execute this report as required by Chapter 608, Florida Statutes.

SIGNATURE:

THLE
NAME
STREET ADDRESS
CITY-ST-ZIP
TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

NO TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, OR AUTHORIZED REPRESENTATIVE

4/21/06

(954)965-9636

Daytime Phone #