

**2007 LIMITED LIABILITY COMPANY  
ANNUAL REPORT**

**FILED**  
**May 01, 2007 8:00 am**  
**Secretary of State**

05-01-2007 90326 027 \*\*\*\*50.00

**DOCUMENT # L02000025180**

1. Entity Name

PREMIER DEVELOPERS III, L.L.C.



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

60047098



04272007 No Chg-LLC

CR2E083 (11/05)

**DO NOT WRITE IN THIS SPACE**

4. FEI Number

51-0434749

Applied For

Not Applicable

5. Certificate of Status Desired ☐

**\$5.00** Additional  
Fee Required

6. Name and Address of Current Registered Agent

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

**DO NOT WRITE  
IN THIS SPACE**

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

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

(NOTE: Registered Agent signature required when reinstating)

DATE

**Filing Fee Is \$50.00  
Due by May 1, 2007**

9. MANAGING MEMBERS/MANAGERS

TITLE MGR  
NAME DECKELBURM, BRADLEY  
STREET ADDRESS 3201 W. GRIFFIN ROAD, STE. 106  
CITY-ST-ZIP DANIA BEACH, FL 33312

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

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

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CITY-ST-ZIP

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

**DO NOT WRITE  
IN THIS SPACE**

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 608, Florida Statutes.

**SIGNATURE:**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, OR AUTHORIZED REPRESENTATIVE

Date

Daytime Phone #

4/27/07 (954) 965-3636