

2004 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L02000026522

FILED
Jan 14, 2004
Secretary of State

Entity Name: PREMIER AWNINGS DISTRIBUTORS LLC

Current Principal Place of Business:

8911 INDIAN RIVER RUN
BOYNTON BEACH, FL 33437 US

New Principal Place of Business:

Current Mailing Address:

8911 INDIAN RIVER RUN
BOYNTON BEACH, FL 33437 US

New Mailing Address:

FEI Number: 16-1633854

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

LEGALZOOM MEVADA INC
111 N.E. FIRST STREET
SUITE 901
MIAMI, FL 33132 US

Name and Address of New Registered Agent:

GOREN, JAMES E
8911 INDIAN RIVER RUN
BOYNTON,, FL 33437 US

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: JAMES E. GOREN/ PRESIDENT

01/14/2004

Electronic Signature of Registered Agent

Date

MANAGING MEMBERS/MEMBERS:

Title: MGRM () Delete
Name: GOREN, JAMES
Address: 8911 INDIAN RIVER RUN
City-St-Zip: BOYNTON BEACH, FL 33437 US

Title: VP () Delete
Name: GOREN, ROBERTA A
Address: 8911 INDIAN RIVER RUN
City-St-Zip: BOYNTON BEACH, FL 33437 US

ADDITIONS/CHANGES:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: MGR (X) Change () Addition
Name: GOREN, ROBERTA A
Address: 8911 INDIAN RIVER RUN
City-St-Zip: BOYNTON BEACH, FL 33437 US

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: JAMES E. GOREN/ MGRM

MGRM

01/14/2004

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