


2004 LIMITED LIABILITY COMPANY ANNUAL REPORT (AR)

FILED
Feb 23, 2004 8:00 am
Secretary of State

02-23-2004 90342 027 ****50.00

DOCUMENT # L02000029048	
1. Entity Name PREMIER REALTY CONSULTANTS LLC	

Principal Place of Business 550 SEABREEZE BLVD. FT. LAUDERDALE FL 33316	Mailing Address 550 SEABREEZE BLVD. FT. LAUDERDALE FL 33316
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2. Principal Place of Business 5 RIVERVIEW DRIVE	3. Mailing Address SAME - 5 RIVERVIEW DRIVE
Suite, Apt. #, etc.	Suite, Apt. #, etc.

City & State SEWALLS POINT, FLORIDA	City & State SEWALLS POINT, FLORIDA
Zip 34996	Country USA

	
MOORE	CR2E083 (11/03)
4. FEI Number 13-4217241	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/> \$5.00 Additional Fee Required	

6. Name and Address of Current Registered Agent JERRY E. ARON, P.A. 250 SOUTH AUSTRALIAN AVENUE 9TH FLOOR WEST PALM BEACH FL 33401

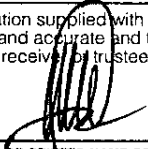
7. Name and Address of New Registered Agent	
Name JERRY E. ARON, P.A. (SAME AGENT)	
Street Address (P.O. Box Number is Not Acceptable) 2505 METRO CENTRE BLD (NEW ADDRESS)	
Ste - 301	
City West Palm Beach, Florida	FL Zip Code 33407

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. N/A SIGNATURE	DATE
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FILE NOW!!! FEE IS \$50.00 Make Check Payable to Florida Department of State Due By May 1, 2004
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9. MANAGING MEMBERS/MANAGERS	
TITLE MGRM	<input checked="" type="checkbox"/> Delete
NAME LOVEL, WILLIAM W	
STREET ADDRESS 5 RIVERVIEW DRIVE	
CITY-ST-ZIP SEWALLS POINT FL 34996	
TITLE	<input type="checkbox"/> Delete
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Delete
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Delete
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Delete
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

10. ADDITIONS/CHANGES	
TITLE MGRM	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME LOVEL, WILLIAM W	(SPELLING CORRECTION)
STREET ADDRESS 5 RIVERVIEW DRIVE	
CITY-ST-ZIP SEWALLS POINT, FL 34996	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

11. I hereby certify that the information supplied with this filing does not qualify 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 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, MANAGER, OR AUTHORIZED REPRESENTATIVE	William W. Lovel Managing Member 2/13/04 772-286-7322 Date Daytime Phone #