

**2004 LIMITED LIABILITY COMPANY  
ANNUAL REPORT**

**FILED**  
**Apr 28, 2004 8:00 am**  
**Secretary of State**

04-28-2004 90060 037 \*\*\*\*50.00

**DOCUMENT # L02000029746**

1. Entity Name  
**PREMIERE EVENT MANAGEMENT, LLC**



Principal Place of Business  
**5216 SW 91ST TERRACE, SUITE A  
GAINESVILLE, FL 32608**

Mailing Address  
**5216 SW 91ST TERRACE, SUITE A  
GAINESVILLE, FL 32608**

**DO NOT WRITE IN THIS SPACE**



04212004 No Chg-LLC

CR2E083 (10/03)

4. FEI Number  
**06-1664648**

Applied For  
Not Applicable

5. Certificate of Status Desired ☐

**\$5.00** Additional  
Fee Required

**6. Name and Address of Current Registered Agent**

~~PRATT, RALPH~~ **Sandra N. Pratt**  
**5216 SW 91ST TERRACE, SUITE A  
GAINESVILLE, FL 32608**

**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

**Sandra N. Pratt**

**4-21-04**

**Filing Fee is \$50.00  
Due by May 1, 2004**

**9. MANAGING MEMBERS/MANAGERS**

TITLE **P**  
NAME ~~PRATT, RALPH~~ **Sandra N. Pratt**  
STREET ADDRESS **5216 SW 91ST TERRACE, SUITE A**  
CITY-ST-ZIP **GAINESVILLE, FL 32608**

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

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TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

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IN THIS SPACE**

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:**

**Sandra N. Pratt**

**4-21-04**

**352-494-1710**

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

Date

Daytime Phone #