LIMITED LIABILITY COMPANY
UNIFORM BUSINESS REPORT (UBR)

FILED
May 05, 2003 8:00 am
Secretary of State
05-05-2003 91817 001 ***100.00

DOCUMENT # L02000032038

1. Entity Name
Premier Mortgage, LLC

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business	3. Mailing Address
1424 Lovers Key Land	1272 Lake Underhill Rd #301
Suite, Apt. #, etc.	Suite, Apt. #, etc.
Orlando FL	Orlando FL
Zip 32819 Country	Zip 32828 Country

DO NOT WRITE IN THIS SPACE

4. FEI Number 83-0345164 ☐ Applied For ☐ Not Applicable

5. Certificate of Status Desired ☐ **$5.00** Additional Fee Required

DO NOT WRITE IN THIS SPACE

7. Name and Address of Current Registered Agent

Name: Rodney A. Nisbet, Esq.

Street Address (P.O. Box Number is Not Acceptable): 4015 Eagle Feather Dr.

City: Orlando FL Zip Code: 32829

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 _____ DATE
Signature, typed or printed name of Registered agent and title if applicable.

FEE IS $50.00
Make Check Payable to Florida Department of State
DUE BY MAY 1

9. MANAGING MEMBERS / MANAGERS

TITLE	MGRM	TITLE	
NAME	Elizabeth J. Lehman	NAME	
STREET ADDRESS	1424 Lovers Key Lane	STREET ADDRESS	
CITY-ST-ZIP	Orlando FL 32819	CITY-ST-ZIP	
TITLE	MGRM	TITLE	
NAME	Brian Goodman	NAME	
STREET ADDRESS	2716 Osprey Creek Lane	STREET ADDRESS	
CITY-ST-ZIP	Orlando FL 32835	CITY-ST-ZIP	
TITLE	MGRM	TITLE	
NAME	Brandy Lehman	NAME	
STREET ADDRESS	1424 Lovers Key Lane	STREET ADDRESS	
CITY-ST-ZIP	Orlando FL 32819	CITY-ST-ZIP	
TITLE		TITLE	
NAME		NAME	
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CITY-ST-ZIP		CITY-ST-ZIP	

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CR2E083B (12/02)

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: _____ Manager 5/1/2003 4072777203
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE — Date — Daytime Phone #