


# 2004 LIMITED LIABILITY COMPANY ANNUAL REPORT

**FILED**  
**May 12, 2004 8:00 am**  
**Secretary of State**

04-26-2004 90055 037 \*\*\*\*50.00

<b>DOCUMENT # L03000011436</b>	
1. Entity Name <b>PROPERTIES BY PREMIER, LLC</b>	

Principal Place of Business <del>2038 NE 187 STREET</del> <del>AVENTURA, FL 33180</del>	Mailing Address <del>17555 COLLINS AVENUE</del> <del>APT. #1402</del> <del>SUNNY ISLES BEACH, FL 33160</del>
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2. Principal Place of Business <b>1111 BRICKELL AVE</b>	3. Mailing Address <b>1111 BRICKELL AVE</b>
Suite, Apt. #, etc. <b>1103</b>	Suite, Apt. #, etc. <b>1103</b>
City & State <b>MIAMI, FL</b>	City & State <b>MIAMI, FL</b>
Zip <b>33131</b>	Country <b>USA</b>

04022004 Chg-LLC CR2E083 (10/03)

4. FEI Number <b>41-2089555</b>	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	<b>\$5.00</b> Additional Fee Required

6. Name and Address of Current Registered Agent <b>T.F.R.A. LLC</b> <b>1260 EAST HALLANDALE BEACH BLVD.</b> <b>SUITE 405</b> <b>HALLANDALE BEACH, FL 33009</b>
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7. Name and Address of New Registered Agent Name <b>CHAN, SLENDA C.</b> Street Address (P.O. Box Number is Not Acceptable) <b>1111 Brickell Ave. #1103</b> City <b>MIAMI</b> FL Zip Code <b>33131</b>
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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: **4-20-2004**  
(NOTE: Registered Agent signature required when reinstating)

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

Make check payable to  
Florida Department of State

9. MANAGING MEMBERS/MANAGERS		10. ADDITIONS/CHANGES	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM CHAN, SLENDA 17555 COLLINS AVENUE, #1402 SUNNY ISLES BEACH, FL 33160 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition

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:  DATE: **4-20-2004**  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE

305-913-2940