

2007 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L03000014208

FILED
May 14, 2007
Secretary of State

Entity Name: PREMIUM REALTY PLUS, LLC

Current Principal Place of Business:

7284 W. PALMETTO PARK RD., SUITE 102-S
BOCA RATON, FL 33433 US

New Principal Place of Business:

7678 N. NOB HILL RD.
TAMARAC, FL 33321 US

Current Mailing Address:

7284 W. PALMETTO PARK RD., SUITE 102-S
BOCA RATON, FL 33433 US

New Mailing Address:

7678 N. NOB HILL RD.
TAMARAC, FL 33321 US

FEI Number: 26-0066855 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired ()
In accordance with s. 607.193(2)(b), F.S., the limited liability company did not receive the prior notice.

Name and Address of Current Registered Agent:

TERRELL, ZAKKIYYAH L
7284 W. PALMETTO PARK RD.
SUITE 102-S
BOCA RATON, FL 33433 US

Name and Address of New Registered Agent:

WHITE, ZAKKIYYAH T
7678 N. NOB HILL RD.
TAMARAC, FL 33321 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: ZAKKIYYAH T. WHITE

05/14/2007

Electronic Signature of Registered Agent

Date

MANAGING MEMBERS/MANAGERS:

Title: MGR () Delete
Name: TERRELL, ZAKKIYYAH L
Address: 7284 W. PALMETTO PARK RD., SUITE 102-S
City-St-Zip: BOCA RATON, FL 33433

ADDITIONS/CHANGES:

Title: MGR (X) Change () Addition
Name: WHITE, ZAKKIYYAH T
Address: 7678 N. NOB HILL RD.
City-St-Zip: TAMARAC, FL 33321

I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Chapter 119, 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: ZAKKIYYAH T. WHITE

MGR

05/14/2007

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