


**2006 LIMITED LIABILITY COMPANY
ANNUAL REPORT**

FILED
Apr 27, 2006 08:00 AM
Secretary of State

DOCUMENT # L03000016577 1. Entity Name PREMIER-GRAYHAWK PARTNERS, LLC	
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Principal Place of Business 5110 EISENHOWER BLVD. STE 160 TAMPA, FL 33634 US	Mailing Address 5110 EISENHOWER BLVD. STE 160 TAMPA, FL 33634 US
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DO NOT WRITE IN THIS SPACE



01052006No Chg-LLC

CR2E083 (11/05)

4. FEI Number 20-0017316	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 SMITH, RONALD G 5130 EISENHOWER BLVD. SUITE 280 TAMPA, FL 33634

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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 _____ (NOTE: Registered Agent signature required when reinstalling) DATE _____
Signature, typed or printed name of registered agent and title if applicable

**Filing Fee is \$50.00
Due by May 1, 2006**

U00000540674
05/10/06-80027-012 50.00

9. MANAGING MEMBERS/MANAGERS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM SMITH FAMILY HOMES CORP 5110 EISENHOWER BOULEVARD SUITE 160 TAMPA, FL 33634
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM GRAYHAWK-PREMIER INVESTORS, LLC 200 S. ORANGE AVE., SUITE 1900 ORLANDO, FL 32801
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
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TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	

 ENTERED
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11. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, 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, OR AUTHORIZED REPRESENTATIVE Date _____ Daytime Phone # _____