## 2007 LIMITED LIABILITY COMPANY **ANNUAL REPORT**

DO NOT WRITE IN THIS SPACE

## DOCUMENT # L03000019965

PREMIER REAL ESTATE PROPERTIES, L.L.C.



**FILED** Mar 16, 2007 08:00 A Secretary of State

Principal Place of Business

2799 N.W. BOCA BLVD., STE. 204 BOCA RATON, FL 33431

Mailing Address

2799 N.W. BOCA BLVD., STE. 204 BOCA RATON, FL 33431



01042007 No Chg-LLC

CR2E083 (11/05)

4. FEI Number 33-1073774

Applied For Not Applicable

5. Certificate of Status Desired

\$5.00 Additional Fee Required

6. Name and Address of Current Registered Agent

GOFORTH, MIRJANA 9439 BRIDGEPORT DR. WEST PALM BEACH, FL 33411

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

SIGNATURE:

## DO NOT WRITE IN THIS SPACE

| the above harried entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Tam familiar with, and accept the obligations of registered agent.  |  |  |  |
|--|--|--|--|
| SIGNATURE.   | Signature, typed or printed name of registered agent and bitle if applicable.          | (NOTE: Registered Agent signature required when reinstating) | DATE                                     |
| Filing Fee is \$50.00<br>Due by May 1, 2007  |  |  |  |
| 9.   | MANAGING MEMBERS/MANAGERS  |  |  |
| NAME<br>STREET ADDRESS<br>CITY-ST-ZIP  | MGR<br>GOFORTH, MIRJANA<br>2799 NORTHWEST 2ND AVENUE SUITE 204<br>BOCA RATON, FL 33431 | ,  |  |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP  | ·  |  | 000000669217<br>03/27/07-80058-019 50.00 |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP   |  | DO   | NOT WRITE                                |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP  |  | IN 7   | THIS SPACE                               |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP  |  |  |  |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP  |  |  |  |
| 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 flability company or the receiver or trustee empowered to execute this report as required by Chapter 608, Florida Statutes. |  |  |  |