

2005 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L03000026514

FILED
Jul 12, 2005
Secretary of State

Entity Name: PREMIER BUILDING SOLUTIONS, LLC

Current Principal Place of Business:

1200 KASAMADA DRIVE
FORT MYERS, FL 33919

New Principal Place of Business:

2503 DEL PRADO BOULEVARD
SUITE 300
CAPE CORAL, FL 33904

Current Mailing Address:

1200 KASAMADA DRIVE
FORT MYERS, FL 33919

New Mailing Address:

2503 DEL PRADO BOULEVARD
SUITE 300
CAPE CORAL, FL 33904

FEI Number: FEI Number Applied For () FEI Number Not Applicable (X) 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:

Name and Address of New Registered Agent:

SUBLETT, JAMES E
1200 KASAMADA DRIVE
FORT MYERS, FL 33919 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:

Electronic Signature of Registered Agent

Date

MANAGING MEMBERS/MANAGERS:

Title: MGRM () Delete
Name: SUBLETT, JAMES
Address: 2503 DEL PRADO BLVD, SUITE 300
City-St-Zip: CAPE CORAL, FL 33904

Title: MGRM () Delete
Name: LOGUE, PATRICK
Address: 2503 DEL PRADO BLVD, SUITE 300
City-St-Zip: CAPE CORAL, FL 33904

ADDITIONS/CHANGES:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the 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 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: JAMES SUBLETT

MGR

07/12/2005

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