2005 LIMITED LIABILITY COMPANY

FILED Apr 16, 2005 08:00 AM Secretary of State **ANNUAL REPORT** DOCUMENT # L03000031497 1. Entity Name T & C PREMIER INVESTMENTS, L.L.C. Principal Place of Business Mailing Address **635 RIVIERA DRIVE** 635 RIVIERA DRIVE BOYNTON BEACH, FL 33435 BOYNTON BEACH, FL 33435 04132005No Chg-LLC CR2E083 (10/03) DO NOT WRITE IN THIS SPACE Applied For 4. FEI Number 65-1203675 Not Applicable \$5.00 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent WEEKS, SUSAN A DO NOT WRITE 1325 S. CONGRESS AVENUE, SUITE 205 BOYNTON BEACH, FL 33426 IN THIS SPACE 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 Signature, typod of printed name of registered agent and title if applicable (NOTE Registered Agent signalure required when reinstating) DATE Filing Fee is \$50.00 Due by May 1, 2005 MANAGING MEMBERS/MANAGERS 9. MGRM TITLE NAME WEEK, RAYMOND D STREET ADDRESS 635 RIVIERA DRIVE BOYNTON BEACH, FL 33435 CITY-ST-ZIP #MMH0310343 #M4716705-80072-020 **50.00** MGRM TITLE WEEK, SUSAN A NAME STREET ADDRESS 635 RIVIERA DRIVE CITY-ST-ZIP BOYNTON BEACH, FL 33435 TITLE NAME STREET ADDRESS DO NOT WRITE CITY - ST-7IP TITI F IN THIS SPACE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE

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:

NAME STREET ADDRESS CITY-ST-ZIP

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

561-366.5529 14

Daytime Phone #