

2005 LIMITED LIABILITY COMPANY ANNUAL REPORT (AR)


FILED
Mar 15, 2005 8:00 am
Secretary of State

01-31-2005 90195 008 ****50.00

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1st MOORE CR2E083 (10/04)

DOCUMENT # L03000042826					
1. Entity Name PREMIER MANAGEMENT, LLC					
Principal Place of Business 11911 NW 16TH STREET PEMBROKE PINES FL 33026 US			Mailing Address 11911 NW 16TH STREET PEMBROKE PINES FL 33026 US		
2. Principal Place of Business			3. Mailing Address		
Suite, Apt. #, etc.			Suite, Apt. #, etc.		
City & State			City & State		
Zip	Country	Zip	Country	4. FEI Number 55-0854544	
				Applied For <input type="checkbox"/> Not Applicable	
				5. Certificate of Status Desired <input type="checkbox"/> \$5.00 Additional Fee Required	
6. Name and Address of Current Registered Agent CORPORATION SERVICE COMPANY 1201 HAYS STREET TALLAHASSEE FL 32301			7. Name and Address of New Registered Agent Name <u>James Anderson</u> Street Address (P.O. Box Number is Not Acceptable) <u>11911 NW 16TH STREET</u> City <u>Pembroke Pines</u> FL Zip Code <u>33026</u>		
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 <u>James Anderson</u> <small>Signature, typed or printed name of registered agent and title if applicable</small>				DATE <u>1/25/05</u> <small>DATE</small>	
FILE NOW!!! FEE IS \$50.00 Make Check Payable to Florida Department of State Due By May 1, 2005					
9. MANAGING MEMBERS/MANAGERS			10. ADDITIONS/CHANGES		
TITLE NAME STREET ADDRESS CITY- ST- ZIP	MGRM ANDERSON, JAMES Y 11911 NW 16TH STREET PEMBROKE PINES FL 33026 <input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY- ST- ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY- ST- ZIP	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY- ST- ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
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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: <u>James Anderson</u> <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE</small>				Date <u>1/25/05</u> 954/552-4378 <small>Daytime Phone #</small>	