2008 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Mar 14, 2008
Secretary of State

DOCUMENT# L03000048260

Entity Name: PREMIER BABY CARE, LLC

Current Principal Place of Business:

319 CLEMATIS ST, #117
WEST PALM BEACH, FL 33401

New Principal Place of Business:

Current Mailing Address:

319 CLEMATIS ST, #117
WEST PALM BEACH, FL 33401

New Mailing Address:

FEI Number: 65-1236845 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

EVANS, LESLIE R ESQ
214 BRAZILIAN AVE, STE 200
PALM BEACH, FL 33480 US

Name and Address of New Registered Agent:

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: GROFFMAN, LESLIE
Address: 319 CLEMATIS STREET #117
City-St-Zip: WEST PALM BEACH, FL 33401

Title: MGRM ( ) Delete
Name: KURIT, ERIC S
Address: 319 CLEMATIS STREET, #117
City-St-Zip: WEST PALM BEACH, FL 33401

Title: MGRM ( ) Delete
Name: ABRAMS, SETH D
Address: 319 CLEMATIS STREET, #117
City-St-Zip: WEST PALM BEACH, FL 33401

ADDITIONS/CHANGES:

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

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 exemption stated in Chapter 119, 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: SETH ABRAMS MGRM 03/14/2008

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