2006 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L03000054100

Name:

Address:

City-St-Zip:

GALLEGOS, MONICA V

BOCA RATON, FL 33433

21166 VIA VENTURA

Entity Name: PREMIUM FRANCHISES, LLC

FILED Apr 09, 2006 Secretary of State

Current Principal Place of Business: New Principal Place of Business: 21166 VIA VENTURA 1821 CORDOVA RD. BOCA RATON, FL 33433 FORT LAUDERDALE, FL 33016 **Current Mailing Address: New Mailing Address:** 21166 VIA VENTURA 1821 CORDOVA RD BOCA RATON, FL 33433 FORT LAUDERDALE, FL 33016 FEI Number: 20-0580901 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired (X) Name and Address of Current Registered Agent: Name and Address of New Registered Agent: GALLEGOS, MONICA V 21166 VIA VENTURA BOCA RATON, FL 33433 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: ADDITIONS/CHANGES: MGR Title: () Change () Addition () Delete BENACERRAF, JOSE Name: Name: 21166 VIA VENTURA Address: Address: City-St-Zip: BOCA RATON, FL 33433 City-St-Zip: Title: MGR () Delete Title: () Change () Addition Name: SIBLESZ, ALBERTO Name: Address: 21166 VIA VENTURA Address: City-St-Zip: BOCA RATON, FL 33433 City-St-Zip: Title: MGR () Delete Title: () Change () Addition SANCHEZ, CONSUELO Name: Name: 21166 VIA VENTURA Address: Address: City-St-Zip: BOCA RATON, FL 33433 City-St-Zip: () Delete Title: MGR Title: () Change () Addition

I hereby certify that the information supplied with this filing does not qualify for the 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.

Name:

Address:

City-St-Zip:

SIGNATURE: MONICA V. GALLEGOS MGR 04/09/2006