## 2006 LIMITED LIABILITY COMPANY ANNUAL REPORT (AR)

## Mar 27, 2006 8:00 am Secretary of State DOCUMENT # L04000007294 03-27-2006 90051 011 \*\*\*\*50.00 1. Entity Name PREMIER INTERNATIONAL LAND DEVELOPMENT, L.L.C. Principal Place of Business Mailing Address 1970 122ND STREET 1970 122ND STREET VERO BEACH FL 32966 VERO BEACH FL 32966 2. Principal Place of Business 3. Mailing Address 1970 122nd 1970 122 md Suite, Apt. #, etc. 1st MOORE CR2E083 (10/05) City & State City & State 4. FEI Number Applied For 20-0687715 Not Applicable \$5.00 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent Name BYNUM, J. KEVIN Street Address (P.O. Box Number is Not Acceptable) 1970 122ND STREET VERO-BEACH FL-32966 City Zip Code 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, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstation) DATE FILE NOW!!! FEE IS \$50.00 Make Check Payable to Florida Department of State Due By May 1, 2006 9. MANAGING MEMBERS/MANAGERS 10. ADDITIONS/CHANGES MGRM THILE MGR ☐ Delete TITLE Change Addition NAME BYNUM, J. KEVIN NAME STREET ADDRESS STREET ADDRESS 1970 122ND STREET CITY-ST-ZIP CITY-ST-ZIP VERO BEACH FL 32966 TITLE ☐ Defete TITLE Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE TITLE \_ Change . \_ \_ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Delete TITLE ☐ Change ☐ Addition NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Delete ☐ Change Addition STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP

11. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Section 119, Florida Statutes. I further certify that the information 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 iver or trusted empowered to execute this report as required by Chapter 608, Florida Statutes. indicated on this report is true and limited liability company or the r

TITLE

NAME

STREET ADDRESS

CITY-ST-ZIP

SIGNATURE

TITLE

NAME

STREET ADDRESS

CITY-ST-ZIP

YPED OR PRINTED NAME OF

NING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE

☐ Delete

3-14.06

**FILED** 

712542,5030

Addition

☐ Change