

# 2006 LIMITED LIABILITY COMPANY ANNUAL REPORT

**FILED**  
**Feb 09, 2006 8:00 am**  
**Secretary of State**

02-09-2006 90149 003 \*\*\*\*50.00

**DOCUMENT # L04000009809**

1. Entity Name  
**CMD PREMIER INVESTMENT, LLC**



Principal Place of Business  
**188 S.W. 96TH AVENUE  
PLANTATION, FL 33324**

Mailing Address  
**188 S.W. 96TH AVENUE  
PLANTATION, FL 33324**

**20006374**



2. Principal Place of Business <b>14201 W. Sunrise Blvd.</b>		3. Mailing Address <b>14201 W. Sunrise Blvd.</b>	
Suite, Apt. #, etc. <b>Suite 201</b>		Suite, Apt. #, etc. <b>Suite 201</b>	
City & State <b>Sunrise, FL</b>		City & State <b>Sunrise, FL</b>	
Zip <b>33323</b>	Country	Zip <b>33323</b>	Country

02052006 Chg-LLC CR2E083 (11/05)

4. FEI Number <b>20-0710381</b>	Applied For <input type="checkbox"/> Not Applicable
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5. Certificate of Status Desired ☐ **\$5.00 Additional Fee Required**

6. Name and Address of Current Registered Agent <b>DIFIORE, CHRISTINE M 188 S.W. 96TH AVENUE PLANTATION, FL 33324</b>	7. Name and Address of New Registered Agent Name <b>DiFiore, Christine M.</b> Street Address (P.O. Box Number is Not Acceptable) <b>14201 W. Sunrise Blvd.</b> <b>Suite 201</b> City <b>Sunrise</b> FL Zip Code <b>33323</b>
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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 *Christine M. DiFiore* DATE 2/6/06

Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

**Filing Fee is \$50.00  
Due by May 1, 2006**

**Make check payable to  
Florida Department of State**

9. MANAGING MEMBERS/MANAGERS		10. ADDITIONS/CHANGES	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>MGR DIFIORE, CHRISTINE M 188 S.W. 96TH AVENUE PLANTATION, FL 33324</b> <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>MGRM</b> <input checked="" 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
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
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
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
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

11. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, 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:**

*Christine M. DiFiore*

2/6/06

Date

954-693-9118

Daytime Phone #