

# 2009 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L04000011777

FILED  
Apr 13, 2009  
Secretary of State

Entity Name: PREMIER DEVELOPMENT, LLC

**Current Principal Place of Business:**

309 ELM AVENUE  
PANAMA CITY, FL 32401 US

**New Principal Place of Business:**

**Current Mailing Address:**

309 ELM AVENUE  
PANAMA CITY, FL 32401 US

**New Mailing Address:**

FEI Number: 20-0738079      FEI Number Applied For ( )      FEI Number Not Applicable ( )      Certificate of Status Desired ( )

**Name and Address of Current Registered Agent:**

LEWIS, JOHN R  
309 ELM AVE  
PANAMA CITY, FL 32401 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: HILL, WILLIAM A III  
Address: 309 ELM AVENUE  
City-St-Zip: PANAMA CITY, FL 32401 US

Title: MGRM ( ) Delete  
Name: LEWIS, JOHN R  
Address: 309 ELM AVENUE  
City-St-Zip: PANAMA CITY, FL 32401 US

Title: MGRM ( ) Delete  
Name: ROBBINS, ANDREW J  
Address: 309 ELM AVENUE  
City-St-Zip: PANAMA CITY, FL 32401 US

**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: JOHN R LEWIS      MGRM      04/13/2009

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