2005 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED Jul 29, 2005 8:00 am Secretary of State

	ANNOAL	KELOVI		,	_	Secret	ary of S	otate
DOCUMENT # L04000020517 1. Enlity Name PREMIER MORTGAGE GROUP, LLC							5 90089 050 ***	
				O HILL	7			
Principal Place of Business Mailing Address								
2400 PGA BLVD., SUITE 4 PALM BEACH GARDENS, FL 33410		2400 PGA BLVD., SUITE 4 Palm Beach Gardens, FL 33410				30010341		
I ALL'I DEACI	I WANDENG, P.C. 55410	FACIN DEACH WANDER	113, FL 33	טודו	A APPROPRIA			1 4 Ba t in 1884
2. Principal P	lace of Business	3. Mailing Address						
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Suite, Apt. #, etc.		Suite, Apt. #, etc.		07052005	Chg-LLC	CR2E083 (10/03)		
City & State		City & State		4. FEI Num	*56-248	0223	pplied For	
Zip	Country	Zip Country		try			\$E.00	ot Applicable
		<u> </u>	ᆜ	·		e of Status Desired	Fee Require	
	8. Name and Address of Current F	legistered Agent		_Name	7. Name an	d Address of New F	Registered Agent	
MEADE, B				Street Addre	ee /P O Boy Num	ber is Not Acceptabl	-	
	BLVD., SUITE 4 ACH GARDENS, FL 33410			Oli eet Addie	65 (F.O. DOX 1907)	DEI 18 MUL MOCEPILADI		· · · · · ·
				City			FL Zip Coo	10
	named entity submits this statement for tions of registered agent.	the purpose of changing i	ts register	ed office or regi	stered agent, or b	oth, in the State of F	orida. I am familiar with	and accept
-	tous of tensorates aftertr							
SIGNATURE	Signature, typed or printed name of registered agent a	nd title II applicable. (NO)TE: Registeré	d Agent signature req	uired when reinsteing)		DATE	
	ling Fee is \$50.00 by September 7, 2005				·		ke check payable to a Department of Stat	•
9.	MANAGING MEMBER	RS/MANAGERS	10.			ADDITIONS	/CHANGES	
TITLE NAME	MGRM MEADE, BRIAN	☐ Delete	TITL				Change	Addition
STREET ADDRESS	2400 PGA BLVD., SUITE 4			ET ADORESS				
CITY-ST-ZIP	PALM BEACH GARDENS, FL 33	410	CITY	-ST-Z/P				
TITLE	MGRM	Deleta	TITLE				☐ Change	Addition
NAME STREET ADDRESS	VANWANDERHAM, CLAY		NAM	E ET ADDRES\$				
CITY-ST-ZiP	2400 PGA BLVD., SUITE 4 PALM BEACH GARDENS, FL 33	410		-ST-ZIP				
TITLE		☐ Celete	BILL				☐ Change	Addition
NAME			MAK	- 1			*	
STREET ADDRESS CITY-ST-ZIP				ET ADDRESS -ST-ZIP				
TITLE		☐ Delete	tinu				☐ Changa	Accision
NAME	·	□ oeses	NAM					T HOUSE
STREET ADDRESS	i		STRE	ET ADDRESS				
CITY-ST-ZIP			CITY	-\$1-ZIP				
TITLE		☐ Delate	tru				Change	Addition
NAME STREET ADDRESS	1		NAM	ET ADDRESS				
CITY-ST-ZIP				-ST-ZIP				
TITLE		☐ Delete	INTL				☐ Change	☐ Addition
NAME		₩ D61618	NAM	I			ت دیدیو	
STREET ADDRESS			STRE	ET ADDRESS				
CITY-ST-ZIP			СПУ	-ST-ZIP				
11. I hereby indicated limited lia	certify that the information supplied with d on this report is true and accurate and ability company or the receiver or trustee	this filing does not qualify that my signature enall have empowered to execute this	lor the exe e the same is report as	mption stated in e legal effect as a required by Cr	Section 119.07(3 if made under oat napter 608, Florida)(i), Florida Statutes. h; that I am a mana Statutes.	I further certify that the in ging member or manage	nformation ar of the