

2008 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L04000033211

FILED
Apr 13, 2008
Secretary of State

Entity Name: PREMIUM PROPERTIES GROUP, LLC

Current Principal Place of Business:

1530 SOUTHEAST 14TH STREET
DEERFIELD BEACH, FL 33441 US

New Principal Place of Business:

Current Mailing Address:

1530 SOUTHEAST 14TH STREET
DEERFIELD BEACH, FL 33441 US

New Mailing Address:

FEI Number: 31-0647468

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

CIRIELLO, ANDREW R III
1530 SOUTHEAST 14TH STREET
DEERFIELD BEACH, FL 33441 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: CIRIELLO, ANDREW R III
Address: 1530 SOUTHEAST 14TH STREET
City-St-Zip: DEERFIELD BEACH, FL 33441 US

Title: MGRM () Delete
Name: FERNANDES, THOMAS
Address: 79 IDELEWOOD ROAD
City-St-Zip: WALCOTT, CT 06716

Title: MGRM () Delete
Name: SANDULLI, MARK
Address: 431 3RD PLACE
City-St-Zip: DEERFIELD BEACH, FL 33441

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: ANDREW R.CIRIELLO III

MGRM

04/13/2008

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