

# 2005 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L04000033584

**FILED**  
**Feb 04, 2005**  
**Secretary of State**

**Entity Name:** PREMIER HOUSING SERVICES, LLC

**Current Principal Place of Business:**

P.O.BOX 144  
11214 PINES BLVD.  
PEMBROKE PINES, FL 33026

**New Principal Place of Business:**

**Current Mailing Address:**

P.O.BOX 144  
11214 PINES BLVD.  
PEMBROKE PINES, FL 33026

**New Mailing Address:**

**FEI Number:** 27-0093191

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired ( )**

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

ORDONEZ, MARTIN B  
12036 NW 13TH STREET  
PEMBROKE PINES, FL 33026 US

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

ORDONEZ, MARTIN B  
11214 PINES BLVD. # 144  
PEMBROKE PINES, FL 33026 US

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:** MARTIN B ORDONEZ

02/04/2005

Electronic Signature of Registered Agent

Date

**MANAGING MEMBERS/MEMBERS:**

**Title:** MGRM ( ) Delete  
**Name:** PRIMETRUST,  
**Address:** P.O.BOX 144 - 11214 PINES BLVD  
**City-St-Zip:** PEMBROKE PINES, FL 33026

**ADDITIONS/CHANGES:**

**Title:** ( ) Change ( ) Addition  
**Name:**  
**Address:**  
**City-St-Zip:**

I hereby certify that the information supplied with this filing does not qualify for the for the exemption stated in Section 119.07(3)(i), 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:** CLAUDIA PENA

MGRM

02/04/2005

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