## 2005 LIMITED LIABILITY COMPANY ANNUAL REPORT

## DOCUMENT # L04000035635

1. Entity Name PREMIER OF 30A, LLC



## FILED Mar 22, 2005 8:00 am Secretary of State

03-22-2005 90181 017 \*\*\*\*50.00

	(3), (223						
Principal Place of Business 5170 SANDERLIN AVENUE, SUITE 202 MEMPHIS, TN 38117-4360		Mailing Address 5170 SANDERLIN AVENUE, SUITE 202 MEMPHIS, TN 38117-4360			ត្តិ		
2. Principal Place of Business		3. Mailing Address					
Suite, Apt. #, etc.		Suite, Apt. #, etc.		0111200	5 Chg-LLC	CR2E083 (10/03)	
City & State		City & State		4. FEI Nur Z O-	1068(05)	<u> </u>	plied For t Applicable
Zip 	Country	Zip	Country	5. Certifica	ate of Status Desired	□ \$5.00 Add Fee Require	
6. Name and Address of Current Registered Agent			Name	7. Name a	nd Address of New Re	gistered Agent	
SCHAFFL	ER HOLDINGS, LLC		Inarrie			,	
25 WALTER MARTIN ROAD, N.E., SUIT FORT WALTON BEACH, FL 32549		<b>101</b>	Street Ad	dress (P.O. Box Nur	nber is Not Acceptable)		
			City			FL Zip Cod	9
	named entity submits this statement for ions of registered agent.	the purpose of changing its	registered office or r	egistered agent, or	both, in the State of Flori	da. 1 am familiar with,	and accept
SIGNATURE	Signature, typed or printed name of registered agent a	and http://applicable.	: Registered Agent signature	o considered subsequentimental facels		CATE	<u></u>
	ogrados, typos os primos recino di registorio agoni a	TO THE PAPER OF TH	. respectores regard arguedate	o redonos miser remistación		LAIC	4
Filing Fee is \$50.00 Due by May 1, 2005		!			A CONTRACTOR OF THE CONTRACTOR	check payable to Department of State	•
9.	MANIA CINC MENOR	DE /MANAGERS	F 40		ADDITIONS (C	1141050	
TITLE	MANAGING MEMBEI	Delete	TITLE V	MGRM	ADDITIONS/C	[] Channa	Addition
NAME	WILLIAMS MARKET GROUP, LL		NAME	James G.	Williams Devlin Avenu	[_] Change	M vention
STREET ADDRESS	DRESS 5170 SANDERLIN AVENUE, SUITE 201		STREET ADDRESS	5170 Sand	bulin Avenu	4, Suite 201	
CITY-ST-ZIP	MEMPHIS, TN 381174360		CITY-ST-ZIP	Memphis	TW 3811	7-4360	
TITLE		☐ Delete	TITLE	•		Change	Addition
NAME STREET ADDRESS			NAME STREET ADORESS	.)	•		
CITY-ST-ZIP	•		CITY-ST-ZIP	•			
TITLE						• •	
		☐ Delete	TITLE			. Change	Addition
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11. I hereby certify that the information supplied with this filing does not qualify 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 signature shall have the same legal effect as if made under oath; that I am a managing member or manager of the fimited liability company or the receiver or trustee empowered to execute this report as required by Chapter 608, Florida Statutes.

SIGNATURE:

SIGNATURE AND TYPED OR PHILIPPED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE

1/11/05

901-761-3165