

**2008 LIMITED LIABILITY COMPANY
ANNUAL REPORT (AR) - DUE BY MAY 1, 2008**

FILED
Jun 05, 2008 8:00 am
Secretary of State

05-07-2008 90084 001 ***416.25

DOCUMENT # L04000035635 1. Entity Name PREMIER OF 30A, LLC			
Principal Place of Business 1715 AARON BRENNER DRIVE SUITE 701 MEMPHIS TN 38120		Mailing Address 1715 AARON BRENNER DRIVE SUITE 701 MEMPHIS TN 38120	
2. Principal Place of Business - No P.O. Box # Suite, Apt. #, etc.		3. Mailing Address Suite, Apt. #, etc.	
City & State		City & State	
Zip		Zip	
Country		Country	
4. FEI Number 20-1068651		Applied For ☐ Not Applicable	
5. Certificate of Status Desired ☐ \$5.00 Additional Fee Required		1st MOORE CR2E083 (10/07)	
6. Name and Address of Current Registered Agent CORPORATION SERVICE COMPANY 1201 HAYS STREET TALLAHASSEE FL 32301		7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City FL Zip Code	
8. 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. I am familiar with, and accept the obligations of registered agent.			
SIGNATURE _____ DATE _____ Signature, position or name of registered agent shall be filed in records. (NOTE: Registered Agent signature required when agent changes)			
FILE NOW!!! FEE IS \$138.75 After May 1, 2008, Fee Will Be \$538.75 Make Check Payable to Florida Department of State			
9. MANAGING MEMBERS/MANAGERS		10. ADDITIONS/CHANGES	
TITLE NAME STREET ADDRESS CITY-ST-ZIP ☒ Delete	MGR HAGERMAN, WILLIAM 1715 AARON BRENNER DRIVE STE 701 MEMPHIS TN 38120	TITLE NAME STREET ADDRESS CITY-ST-ZIP ☒ Change ☐ Addition	Co-Manager James G. Williams 1715 Aaron Brenner Dr., Suite 701 Memphis TN 38120-1449
TITLE NAME STREET ADDRESS CITY-ST-ZIP ☐ Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP ☒ Change ☒ Addition	Co-Manager Charles Ryan 1715 Aaron Brenner Dr., Suite 701 Memphis, TN 38120-1419
TITLE NAME STREET ADDRESS CITY-ST-ZIP ☐ Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP ☐ Change ☐ Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP ☐ Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP ☐ Change ☐ Addition	
11. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Section 119, 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 limited liability company or the receiver or trustee empowered to execute this report as required by Chapter 609, Florida Statutes.			
SIGNATURE: _____ SIGNATURE AND TYPED OR PRINTED NAME OF RECORDING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE		4/15/08 901-937-3062 DATE	