


2005 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Feb 21, 2005 8:00 am
Secretary of State

02-21-2005 90175 050 ****50.00

DOCUMENT # L04000036617

1. Entity Name
PREMIER HOBBY DISTRIBUTION, LLC



Principal Place of Business Mailing Address

1349 VALLEY PINE CIRCLE 1349 VALLEY PINE CIRCLE
 APOPKA, FL 32712 US APOPKA, FL 32712 US

20013178



2. Principal Place of Business 3. Mailing Address

997 Kennedy Blvd. **997 Kennedy Blvd.**
 Suite, Apt. #, etc. Suite, Apt. #, etc.
Unit A-67 **Unit A-67**

02162005 Chg-LLC CR2E083 (10/03)

City & State City & State

Orlando FL **Orlando FL**

4. FEI Number Applied For

04 379 0754 Not Applicable

Zip Country Zip Country

32810 USA **32810 USA**

5. Certificate of Status Desired \$5.00 Additional Fee Required

6. Name and Address of Current Registered Agent

SANCHEZ, DONALD F
1349 VALLEY PINE CIRCLE
APOPKA, FL 32712

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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____

Filing Fee is \$50.00
Due by May 1, 2005

Make check payable to
Florida Department of State

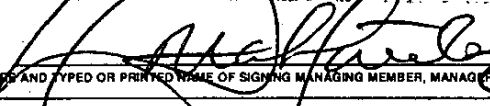
9. MANAGING MEMBERS/MANAGERS

TITLE	MGRM	<input type="checkbox"/> Delete
NAME	SANCHEZ, DONALD F	
STREET ADDRESS	1349 VALLEY PINE CIRCLE	
CITY-ST-ZIP	APOPKA, FL 32712	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

10. ADDITIONS/CHANGES

TITLE	MGRM	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	Jim Grant	
STREET ADDRESS	997 Kennedy Blvd. Unit A-67	
CITY-ST-ZIP	Orlando, FL 32810	
TITLE	MGRM	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	Scott Davis	
STREET ADDRESS	997 Kennedy Blvd. Unit A-67	
CITY-ST-ZIP	Orlando, FL 32810	
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

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 limited liability company or the receiver or trustee empowered to execute this report as required by Chapter 608, Florida Statutes.

SIGNATURE:  **Donald F. Sanchez** 02/17/05 (407) 571-1250

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE Date Daytime Phone #