2006 LIMITED LIABILITY COMPANY **ANNUAL REPORT**

FILED **DOCUMENT # L04000037028** Apr 24, 2006 08:00 AN Secretary of State 1. Entity Name PREMIEREAI, LLC Principal Place of Business Mailing Address 220 EAST CENTRAL PARKWAY 220 EAST CENTRAL PARKWAY **SUITE 1020 SUITE 1020** ALTAMONTE SPRINGS, FL 32701 ALTAMONTE SPRINGS, FL 32701 US 02222006 No Chg-LLC CR2E083 (11/05) DO NOT WRITE IN THIS SPACE 4. FEI Number Applied For 20-1126199 Not Applicable \$5.00 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent DICKS, JACK W DO NOT WRITE 220 EAST CENTRAL PARKWAY **SUITE 1020** IN THIS SPACE ALTAMONTE SPRINGS, FL 32701 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 Signature, typed or printed name of registered agent and title if applicable. (NOTE, Registered Agent signature required when reinstating) Filing Fee is \$50.00 Due by May 1, 2006 MANAGING MEMBERS/MANAGERS 9. MGRM TITLE DICKS, JAMES E NAME U00000530412 STREET ADDRESS 220 EAST CENTRAL PARKWAY CITY-ST-ZIP ALTAMONTE SPRINGS, FL 32701 05/05/06-80116-001 50.00 NAME STREET ADDRESS CITY-ST-ZIP STREET ADDRESS DO NOT WRITE CITY-ST-ZIP TITLE IN THIS SPACE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS

I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119. Florida Statutes. I further certify that the information indicated on this feath 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 of the company of trustee empowered to execute this report as required by Chapter 608, Florida Statutes.

CICNATIDE.

CITY-ST-7IF TITLE

STREET ADDRESS CITY-ST-ZIP