

2008 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L04000037764

FILED
Sep 26, 2008
Secretary of State

Entity Name: PREMIER REALTY ADVISORS, LLC

Current Principal Place of Business:

4801 S. UNIVERSITY
SUITE 130
DAVIE, FL 33328

New Principal Place of Business:

7951 S.W. 6TH STREET
SUITE 210
PLANTATION, FL 33324

Current Mailing Address:

4801 S. UNIVERSITY
SUITE 130
DAVIE, FL 33328

New Mailing Address:

7951 S.W. 6TH STREET
SUITE 210
PLANTATION, FL 33324

FEI Number: 20-1139169 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired (X)
In accordance with s. 607.193(2)(b), F.S., the limited liability company did not receive the prior notice.

Name and Address of Current Registered Agent:

HEIL, TIMOTHY
1861 NW 123RD AVENUE
PEMBROKE PINES, FL 33026 US

Name and Address of New Registered Agent:

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: _____

Electronic Signature of Registered Agent

Date

MANAGING MEMBERS/MANAGERS:

Title: MGRM () Delete
Name: STENMARK, STEVEN W
Address: 2001 NW 139 TERRACE
City-St-Zip: PEMBROKE PINES, FL 33028

Title: () Delete
Name:
Address:
City-St-Zip:

ADDITIONS/CHANGES:

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

Title: MGRM () Change (X) Addition
Name: NINE, MATTHEW R
Address: 9412 PRESTHOPE DRIVE
City-St-Zip: FRISCO, TX 75035

I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Chapter 119, 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: MATTHEW R. NINE

MGMR

09/26/2008

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