2008 LIMITED LIABILITY COMPANY **ANNUAL REPORT**

SIGNATURE

AND TYPED OR PRINTED NAME OF SIGNING MA

Apr 11, 2008 8:00 am Secretary of State DOCUMENT # L04000068065 04-11-2008 90174 032 ***138.75 PREMIER OFFICE BUILDING, LLC Principal Place of Business Mailing Address **PUU21813** 3885-20TH STREET, SUITE 201 POST OFFICE BOX 40 VERO BEACH, FL 32960 VERO BEACH, FL 32961 US Principal Place of Business - No P.O. Box # 3. Mailing Address Suite, Apt. #, etc 03272008 Chq-LLC CR2E083 (12/06) City & State 4. FEI Number Applied For 20-1624320 Not Applicable Zio Country \$5.00 Additional 5. Certificate of Status Desired 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent Bynun Kevin KELLY, CHAD Street Address (P.O. Box Number is Not Acceptable) 3885-20TH STREET, SUITE 201 VERO BEACH, FL 32960 Auenre FL 8. The above named entity s binits 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 ped of printed name of regis title if applicable (NOTE: Registered Agent signature required when reinstating) DATE FILE NOW!!! FEE IS \$138.75 Make check payable to After May 1, 2008 Fee will be \$538.75 Florida Department of State MANAGING MEMBERS/MANAGERS ADDITIONS/CHANGES 9. 10. MGR MGR TITLE TITLE ☐ Change Addition Delete KELLY, CHAD Ausence NAME POST OFFICE BOX 5200 STREET ADDRESS STREET ADDRESS 10 1721 CITY-ST-ZIP VERO BEACH, FL 32961 CITY-ST-ZIP بغده TITLE MGR ☐ Delete TITLE MER Change Change ☐ Addition BYNUM, J. KEVIN NAME NAME 1980)122ND AVENUE STREET ADDRESS STREET ADDRESS 10 VERO BEACH, FL 32966 CITY-ST-ZIP CITY-ST-ZIP ☐ Delete ☐ Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Delete TITLE ☐ Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Delete TITLE ☐ Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-\$T-ZIP TITLE ☐ Delete TITLE □ Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP 11. 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 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.

AGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE

Date

Daytime Phone #