

# 2006 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L04000070850

FILED  
Jul 07, 2006  
Secretary of State

**Entity Name:** PREMIER BUSINESS PARK, LLC

**Current Principal Place of Business:**

39 N.W. 166TH STREET, SUITE 5  
MIAMI, FL 33169

**New Principal Place of Business:**

3630 FLAMINGO DRIVE  
MIAMI BEACH, FL 33140 US

**Current Mailing Address:**

39 N.W. 166TH STREET, SUITE 5  
MIAMI, FL 33169

**New Mailing Address:**

P.O.BOX 402847  
MIAMI BEACH, FL 33140 US

**FEI Number:** **FEI Number Applied For (X)** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**  
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:**

GREEN, ABE  
39 N.W. 166TH STREET, SUITE 5  
MIAMI, FL 33169 US

**Name and Address of New Registered Agent:**

GREEN, ABE  
3630 FLAMINGO DR.  
MIAMI BEACH, FL 33140 US

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:

07/07/2006

Electronic Signature of Registered Agent

Date

**MANAGING MEMBERS/MANAGERS:**

Title: MGRM ( ) Delete  
Name: GREEN, ABE  
Address: 39 NW 166TH STREET, SUITE 5  
City-St-Zip: MIAMI, FL 33169

**ADDITIONS/CHANGES:**

Title: MGRM (X) Change ( ) Addition  
Name: GREEN, ABE  
Address: 3630 FLAMINGO DRIVE  
City-St-Zip: MIAMI BEACH, FL 33140 US

I hereby certify that the information supplied with this filing does not qualify for the 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: AVROHOM GREEN

MGRM

07/07/2006

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