2006 LIMITED LIABILITY COMPANY **ANNUAL REPORT**

DOCUMENT # L04000071495

1. Entity Name

PREMIERE EVENTS SERVICES, LLC



US

FILED Apr 24, 2006 08:00 ĀN Secretary of State

Principal Place of Business

Mailing Address

220 EAST CENTRAL PARKWAY **SUITE 1020**

ALTAMONTE SPRINGS, FL 32701

220 EAST CENTRAL PARKWAY **SUITE 1020**

ALTAMONTE SPRINGS, FL 32701

03022006 No Chg-LLC

CR2E083 (11/05)

4. FEI Number 20-1692574

Applied For Not Applicab!

5. Certificate of Status Desired

\$5.00 Additional Fee Required

6. Name and Address of Current Registered Agent

DO NOT WRITE IN THIS SPACE

DICKS, JACK W 220 EAST CENTRAL PARKWAY SUITE 1020 ALTAMONTE SPRINGS, FL 32701			DO NOT WRITE IN THIS SPACE	
8. The above the obligat	named entity submits this statement for the purpose of char- ions of registered agent.	nging its registere	ed office or registered agent, or b	oth, in the State of Florida. I am familiar with, and acce
SIGNATURE_	Signature, typed or printed name of registered agent and title it applicable.	(NOTE, Registere	d Agent signature required when relnstating)	DATE
	iling Fee is \$50.00 ue by May 1, 2006			
9.	MANAGING MEMBERS/MANAGERS			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM DICKS, JAMES E 220 EAST CENTRAL PARKWAY, SUITE 1020 ALTAMONTE SPRINGS, FL 32701			U00000531487 05/06/06-80038-022 50.00
TITLE Name Street address City-St-Zip				
TITLE NAME STREET ADDRESS CITY-ST-ZIP			DO NOT WRITE IN THIS SPACE	
TITLE NAME STREET ADDRESS CITY-ST-ZIP				
TITLE NAME STREET ADDRESS				• •

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 informatic 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.

TITLE NAME STREET ADDRESS