

2006 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Jan 17, 2006 08:00 AM
Secretary of State

DOCUMENT # L04000077916
 1. Entity Name
 PREMIUM PROPERTIES, LLC



Principal Place of Business Mailing Address
 4288 SILVER FOX DR. 4288 SILVER FOX DR.
 NAPLES, FL 34119 NAPLES, FL 34119



01092006 No Chg-LLC CR2E083 (11/05)

DO NOT WRITE IN THIS SPACE

4. FEI Number Applied For
 20-1768634 Not Applicable

5. Certificate of Status Desired \$5.00 Additional Fee Required

6. Name and Address of Current Registered Agent
 ACKERMAN, LESLIE
 4288 SILVER FOX DR.
 NAPLES, FL 34119

DO NOT WRITE IN THIS SPACE

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 _____ DATE _____
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

9. MANAGING MEMBERS/MANAGERS

TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM ACKERMAN, LESLIE 4288 SILVER FOX DR. NAPLES, FL 34119
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM ACKERMAN, BRETT A 4288 SILVER FOX DR. NAPLES, FL 34119
TITLE NAME STREET ADDRESS CITY-ST-ZIP	

1100000388368
 01/20/06-80002-003 50.00

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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.

SIGNATURE: *Leslie C. Ackerman* Leslie C. Ackerman 1-14-06 239-594-9442
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, OR AUTHORIZED REPRESENTATIVE Date Office Phone #