

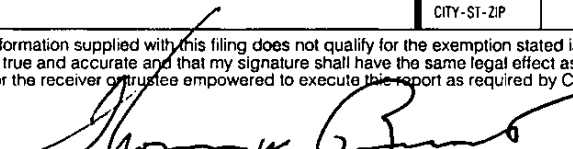


2005 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
May 11, 2005 8:00 am
Secretary of State

05-11-2005 90029 007 ****50.00

DOCUMENT # L04000080106 1. Entity Name PREMIUM HOUSEWORKS, LLC					
Principal Place of Business 5602 LONGKNIFE CT. TALLAHASSEE, FL 32317			Mailing Address 5602 LONGKNIFE CT. TALLAHASSEE, FL 32317		
2. Principal Place of Business Suite, Apt. #, etc.		3. Mailing Address Suite, Apt. #, etc.			
City & State Zip Country		City & State Zip Country		04272005 Chg-LLC CR2E083 (10/03)	
4. FEI Number				<input type="checkbox"/> Applied For <input checked="" type="checkbox"/> Not Applicable	
5. Certificate of Status Desired <input type="checkbox"/>				\$5.00 Additional Fee Required	
6. Name and Address of Current Registered Agent BURT, THOMAS W 5602 LONGKNIFE CT. TALLAHASSEE, FL 32317			7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City FL Zip Code		
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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____ <small>Signature, typed or printed name of registered agent and title if applicable.</small>					
Filing Fee is \$50.00 Due by May 1, 2005		Make check payable to Florida Department of State			
9. MANAGING MEMBERS/MANAGERS			10. ADDITIONS/CHANGES		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM BURT, THOMAS W 5602 LONGKNIFE CT. TALLAHASSEE, FL 32317 <input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
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TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
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TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
11. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), 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 808, Florida Statutes.					
SIGNATURE: 			Date: 4/27/05 Daytime Phone #: 850 556-0257		
<small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE</small>					