


# 2005 LIMITED LIABILITY COMPANY ANNUAL REPORT (AR)

**FILED**  
**Sep 13, 2005 8:00 am**  
**Secretary of State**

09-13-2005 90025 010 \*\*\*\*\*50.00

<b>DOCUMENT # L04000086266</b>	
1. Entity Name <b>PREMIER ENERGY SOURCE, LLC</b>	

Principal Place of Business <b>2520 N. POWERLINE RD SUITE 303 POMPANO BEACH FL 33069</b>	Mailing Address <b>2520 N. POWERLINE RD SUITE 303 POMPANO BEACH FL 33069</b>
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2. Principal Place of Business <b>555 SW 12th Ave</b>	3. Mailing Address <b>555 SW 12th Ave</b>
Suite, Apt. #, etc. <b>210</b>	Suite, Apt. #, etc. <b>210</b>
City & State <b>Pompano Beach, FL</b>	City & State <b>Pompano Beach, FL</b>
Zip <b>33069</b>	Country <b>Broward</b>

2nd MOORE CR2E083 (5/05)

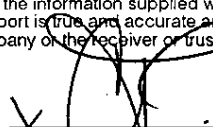
6. Name and Address of Current Registered Agent <b>BDB AGENT CO. 2500 N. MILITARY TRAIL SUITE 480 BOCA RATON FL 33431</b>	
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4. FEI Number <b>41-2161155</b>	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/> <b>\$5.00 Additional Fee Required</b>	

7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City <b>FL</b> 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 _____ <small>Signature, typed or printed name of registered agent and title if applicable</small>	(NOTE: Registered Agent signature required when reinstating)	DATE _____
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9. MANAGING MEMBERS/MANAGERS		10. ADDITIONS/CHANGES	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>MGRM VARGAS-THIBEAU, CANDY 2520 N. POWERLINE RD, SUITE 303 POMPANO BEACH FL 33069</b> <input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>MGRM CANDY VARGAS-THIBEAU 9270 Delmar Ckt Wilmington, FL 33414</b> <input checked="" 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
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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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 608, Florida Statutes.	
SIGNATURE:  <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE</small>	Date <b>9/1/05</b> Daytime Phone # <b>954-590-2211</b> <b>6010</b>