



# 2005 LIMITED LIABILITY COMPANY ANNUAL REPORT

**FILED**  
**Feb 11, 2005 8:00 am**  
**Secretary of State**

02-11-2005 90135 016 \*\*\*\*\*50.00

<b>DOCUMENT # L04000089348</b> 1. Entity Name <b>PREMIER REAL ESTATE MANAGEMENT, LLC</b>					
Principal Place of Business <b>4670 N.E. 1ST AVENUE POMPAÑO BEACH, FL 33064</b>			Mailing Address <b>4670 N.E. 1ST AVENUE POMPAÑO BEACH, FL 33064</b>		
2. Principal Place of Business <i>N/A</i>		3. Mailing Address <i>N/A</i>		<b>20005555</b> 	
Suite, Apt. #, etc. 		Suite, Apt. #, etc. 		02072005 Chg-LLC CR2E083 (10/03)	
City & State 		City & State 		4. FEI Number <b>71-0977340</b>	
Zip 		Country 		5. Certificate of Status Desired <input type="checkbox"/> <b>\$5.00</b> Additional Fee Required	
6. Name and Address of Current Registered Agent  <b>FORMAN, ROBERT S ESQ. 2101 WEST COMMERCIAL BLVD., SUITE 2800 FT. LAUDERDALE, FL 33309</b>				7. Name and Address of New Registered Agent Name <i>N/A</i> 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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____					
<b>Filing Fee is \$50.00 Due by May 1, 2005</b>		<b>Make check payable to Florida Department of State</b>			
<b>9. MANAGING MEMBERS/MANAGERS</b>			<b>10. ADDITIONS/CHANGES</b>		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM MCDONALD, DONNELL B SR. 4670 N.E. 1ST AVENUE POMPAÑO BEACH, FL 33064	<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	
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 608, Florida Statutes.					
<b>SIGNATURE:</b> <i>Donnell B. McDonald Sr</i>			2-7-05		954-783-2386
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE			Date		Daytime Phone #