
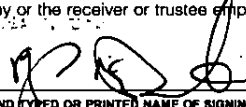


**2008 LIMITED LIABILITY COMPANY  
ANNUAL REPORT**

**FILED**  
**Apr 11, 2008 08:00 AM**  
**Secretary of State**

<b>DOCUMENT # L04000089668</b> 1. Entity Name <b>PREMIER PROPERTIES REFERRAL GROUP, LLC</b>		
Principal Place of Business <b>661 A1A BEACH BOULEVARD ST. AUGUSTINE, FL 32080</b>	Mailing Address <b>661 A1A BEACH BOULEVARD ST. AUGUSTINE, FL 32080</b>	
<b>DO NOT WRITE IN THIS SPACE</b>		
6. Name and Address of Current Registered Agent  <b>O'ROURKE, FRANKLYN 661 A1A BEACH BOULEVARD ST. AUGUSTINE, FL 32080</b>		<b>DO NOT WRITE IN THIS SPACE</b>
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>(NOTE: Registered Agent signature required when reinstating)</small>		
<b>FILE NOW!!! FEE IS \$138.75</b> <b>After May 1, 2008 Fee will be \$538.75</b>		
9. MANAGING MEMBERS/MANAGERS		
TITLE NAME STREET ADDRESS CITY- ST- ZIP	MGR O'ROURKE, FRANKLYN D 661 A1A BEACH BOULEVARD ST. AUGUSTINE, FL 32080	
TITLE NAME STREET ADDRESS CITY- ST- ZIP	MGR CUPOLO, STEVEN C 661 A1A BEACH BOULEVARD ST. AUGUSTINE, FL 32080	
TITLE NAME STREET ADDRESS CITY- ST- ZIP		
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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:  <b>FRANKLYN O'ROURKE</b> 031808 904 9715000 <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, OR AUTHORIZED REPRESENTATIVE</small>		

03142008No Chg-LLC CR2E083 (12/07)

4. FEI Number <b>20-2054309</b>	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/> <b>\$5.00</b> Additional Fee Required	

**DO NOT WRITE  
IN THIS SPACE**