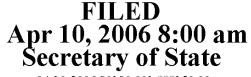
2006 LIMITED LIABILITY COMPANY

Mailing Address

ANNUAL REPORT DOCUMENT # L04000093015 PREMIERE TOWERS MANAGEMENT, L.L.C.

Principal Place of Business

SIGNATURE: VY VY SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANA



04-10-2006 90190 001 ***150.00

riliscipal riace of	DO2# 1022	Maining Address			_i		#4		
2601 S. BAY SHORE DRIVE, 10TH FLOOR MIAMI, FL 33133		2601 S. BAY SHOP Miami, FL 33133		TH FLOOR	30004671				
							18		
2. Principal Place of Business		3. Mailing Address							
Suite, Apt. #, etc.		Suite, Apt. #, etc.			01122006 Chg-LLC	CR2E083	3 (11/05)		
City & State		City & State			4. FEI Number		Applied For		
•		,			03-0554865		Not Applicable		
Zip	Country	Zip	Coun	try	5. Certificate of Status Desired		5.00 Additional se Required		
6. Name and Address of Current Registered Agent				7. Name and Address of New Registered Agent					
				Name			•		
SERBER, DA TURNBERRY 2875 N.E. 19	PLAZA, SUITE 801			Street Address (P.O. Box Number is Not Acceptable)					
AVENTURA,									
				City	· · · · · · · · · · · · · · · · · · ·	FL	Zip Code		
	med entity submits this statemen s of registered agent.	t for the purpose of changing	ng its register	ed office or regist	tered agent, or both, in the State of Flor	ida. I am fan	niliar with, and accept		
SIGNATURE									
Sign	nature, typed or printed name of registered ag	ent and title if applicable.	(NOTE: Registere	d Agent signature requi	red when reinstating)	DATE			
Filin	g Fee is \$50.00				Make	check pay	able to		

305 859 D 50

Date

Filing Fee is \$50.00 Due by May 1, 2006					Make check payable to Florida Department of State					
9.	MANAGING MEMBER	S/MANAGERS	10.		ADDITIONS/CHANGES					
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGR BAP-GGM PREMIRE LLC 2601 S BAYSHORE DR, 10TH FL MIAMI, FL 33133	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP			☐ Change	☐ Addition			
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Celete	TITLE NAME STREET ADDRESS CITY-ST-ZIP			☐ Change	Addition			
TITLE NAME STREET ADDRESS CITY-ST-ZIP		□ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP			Change	Addition			
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Defete	TITLE NAME STREET ADDRESS CITY-ST-ZIP			☐ Change	Addition			
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP			☐ Change	Addition			
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Delete	NAME STREET ADDRESS CITY-ST-ZIP			Change	☐ Addition			
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.										

SER. MANAGER, OR AUTHORIZED REPRESENTATIVE