

# 2007 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L04000093015

FILED  
Mar 14, 2007  
Secretary of State

**Entity Name:** PREMIERE TOWERS MANAGEMENT, L.L.C.

**Current Principal Place of Business:**

2601 S. BAY SHORE DRIVE, 10TH FLOOR  
MIAMI, FL 33133

**New Principal Place of Business:**

**Current Mailing Address:**

2601 S. BAY SHORE DRIVE, 10TH FLOOR  
MIAMI, FL 33133

**New Mailing Address:**

**FEI Number:** 03-0554865

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired ( )**

**Name and Address of Current Registered Agent:**

SERBER, DANIEL J ESQ.  
TURNBERRY PLAZA, SUITE 801  
2875 N.E. 191ST STREET  
AVENTURA, FL 33180 US

**Name and Address of New Registered Agent:**

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.

**SIGNATURE:**

Electronic Signature of Registered Agent

Date

**MANAGING MEMBERS/MANAGERS:**

Title: MGRM ( ) Delete  
Name: BAP-GGM PREMIERE TOW, ERS, LLC  
Address: 2601 S BAYSHORE DR, 10TH FL  
City-St-Zip: MIAMI, FL 33133

Title: MGRM ( ) Delete  
Name: MIDDLEGATE PREMIERE,, LLC  
Address: 2601 S BAYSHORE DR., 10TH FL  
City-St-Zip: MIAMI, FL 33133

**ADDITIONS/CHANGES:**

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the for the exemption stated in Chapter 119, Florida Statutes. I further certify that the information indicated on this report is true and accurate and that my electronic 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:** BAP-GGM PREMIERE TOWERS, LLC

MGRM

03/14/2007

Electronic Signature of Signing Managing Member, Manager, or Authorized Representative / Date