## 2009 LIMITED LIABILITY COMPANY ANNUAL REPORT

## DOCUMENT# L05000037028

Name:

Address:

City-St-Zip:

Entity Name: DAVIE PROFESSIONAL PLAZA, LLC

PREMIER GLOBAL DEVELOPERS LLC

WESTON, FL 33326

1820 N. CORPORATE LAKES BLVD STE 207

FILED Apr 30, 2009 Secretary of State

**Current Principal Place of Business: New Principal Place of Business:** 1820 NORTH CORPORATE LAKES BLVD. SUITE 207 WESTON, FL 33326 **New Mailing Address: Current Mailing Address:** 1820 NORTH CORPORATE LAKES BLVD. SUITE 207 WESTON, FL 33326 FEI Number: 20-3383401 FEI Number Applied For ( ) FEI Number Not Applicable ( ) Certificate of Status Desired ( ) Name and Address of New Registered Agent: Name and Address of Current Registered Agent: MARTINEZ, ISABEL 1820 NORTH CORPORATE LAKES BLVD. SUITE 207 WESTON, FL 33326 US 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: ADDITIONS/CHANGES: Title: () Change () Addition () Delete LORENZO, JOSE E Name: Name: 1820 NORTH CORPORATE LAKES BLVD. SUITE 207 Address: Address: City-St-Zip: WESTON, FL 33326 City-St-Zip: Title: MGR () Delete Title: () Change () Addition Name: SIFONTES, LUIS Name: Address: 1820 NORTH CORPORATE LAKES BLVD. SUITE 207 Address: City-St-Zip: WESTON, FL 33326 City-St-Zip: Title: MGR () Delete Title: () Change () Addition TORREALBA, AQUILES R Name: Name: 1820 NORTH CORPORATE LAKES BLVD. SUITE 207 Address: Address: City-St-Zip: WESTON, FL 33326 City-St-Zip: Title: MGR ( ) Delete Title: () Change () Addition

I hereby certify that the information supplied with this filing does not qualify 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.

Name:

Address:

City-St-Zip:

SIGNATURE: JOSE E. LORENZO MGR 04/30/2009