

# 2007 LIMITED LIABILITY COMPANY ANNUAL REPORT

**FILED**  
**Jun 08, 2007 8:00 am**  
**Secretary of State**

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05-09-2007 90034 001 \*\*\*\*50.00

<b>DOCUMENT # L05000049343</b> 1. Entity Name <b>PREMIER INVESTMENT HOLDINGS, LLC</b>			
Principal Place of Business <b>2730 S.W. 19 TERRACE</b> <b>MIAMI, FL 33145</b>		Mailing Address <b>2730 S.W. 19 TERRACE</b> <b>MIAMI, FL 33145</b>	
2. Principal Place of Business - No P.O. Box #		3. Mailing Address <b>9010 SW 137 Ave</b>	
Suite, Apt. #, etc.		Suite, Apt. #, etc. <b>Suite 113</b>	
City & State		City & State <b>Miami, FL</b>	
Zip	Country	Zip <b>33186</b>	Country <b>United States</b>
4. FEI Number <b>NOT APPLICABLE</b>		Applied For <input type="checkbox"/> Not Applicable	
5. Certificate of Status Desired <input type="checkbox"/>		<b>\$5.00</b> Additional Fee Required	
6. Name and Address of Current Registered Agent  <b>RUBIN, JONATHAN R ESQ</b> <b>9360 SUNSET DRIVE, STE. 220</b> <b>MIAMI, FL 33173</b>		7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City <div style="display: flex; justify-content: space-between;"> <span><b>FL</b></span> <span>Zip Code</span> </div>	
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 re-registering) DATE _____			
<b>Filing Fee is \$50.00</b> <b>Due by May 1, 2007</b>		<b>Make check payable to</b> <b>Florida Department of State</b>	
9. MANAGING MEMBERS/MANAGERS		10. ADDITIONS/CHANGES	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<b>MGRM</b> <b>AGUERO, LOURDES C</b> <b>2730 S.W. 19 TERRACE</b> <b>MIAMI, FL 33145</b> <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 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 606, Florida Statutes.			
<b>SIGNATURE:</b> <u>Lourdes C Aguero</u>		<u>05/01/07</u>	
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE		Date Daytime Phone #	

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