

2006 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L05000063147

FILED
Apr 16, 2006
Secretary of State

Entity Name: PREMIUM RENOVATION, LLC

Current Principal Place of Business:

3200 OLD WITER GARDEN RD.
2724
OCOE, 34761

New Principal Place of Business:

3200 OLD WITER GARDEN RD.
2724
OCOE, FL 34761 US

Current Mailing Address:

3200 OLD WITER GARDEN RD.
2724
OCOE, 34761

New Mailing Address:

3200 OLD WITER GARDEN RD.
2724
OCOE, FL 34761 US

FEI Number: 20-3052818

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

BASMENJI, YASHAR
3200 OLD WINTER GARDEN RD.
2724
OCOE, FL 34761 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: MGR () Delete
Name: BASMENJI, YASHAR
Address: 3200 OLD WINTER GARDEN RD.
City-St-Zip: OCOE, FL 34761

Title: MGR () Delete
Name: BASMENJI, ALI R
Address: 3200 OLD WINTER GARDEN RD.
City-St-Zip: OCOE, FL 34761

ADDITIONS/CHANGES:

Title: MGR (X) Change () Addition
Name: BASMENJI, YASHAR
Address: 3200 OLD WINTER GARDEN RD.
City-St-Zip: OCOE, FL 34761 US

Title: MGR (X) Change () Addition
Name: BASMENJI, ALI R
Address: 3200 OLD WINTER GARDEN RD.
City-St-Zip: OCOE, FL 34761 US

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: ALI BASMENJI

MRG

04/16/2006

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