2006 LIMITED LIABILITY COMPANY ANNUAL REPORT

Apr 25, 2006 08:00 AN Secretary of State DOCUMENT # L05000070073 1. Entity Name PREMIER DEVELOPERS IV ASSOCIATES, LLC. Mailing Address Principal Place of Business 3201 W. GRIFFIN ROAD 3201 W. GRIFFIN ROAD SUITE#106 SUITE#106 DANIA BEACH, FL 33312 DANIA BEACH, FL 33312 US 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. 04242006 Chg-LLC CR2E083 (11/05) Applied For 4 EELNumber City & State City & State Not Applicable Country Zio Country Zio \$5.00 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent Name DECKELBAUM, GORDON Street Address (P.O. Box Number is Not Acceptable) 3201 W. GRIFFIN ROAD SUITE#106 DANIA BEACH, FL 33312 City Zip Code FL 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. 1 am familiar with, and accept the obligations of registered agent. Signature, typed or printed name of registered agent and title if applicable (NOTE, Registered Agent signature required when reinstating) Make check payable to Filing Fee is \$50.00 Due by May 1, 2006 Florida Department of State MANAGING MEMBERS/MANAGERS ADDITIONS/CHANGES 18. 9. MGR ☐ Addition Change TITLE ☐ Delete TITLE DECKELBAUM, GORDON NAME NAME STREET ADDRESS 3201 W. GRIFFIN ROAD. STE#106 STREET ADDRESS CITY-ST-ZIP DANIA BEACH, FL 333 CITY-ST-ZIP MGR Addition TITLE ☐ Delete TITLE Change U00000531786 NAME KEMPNER, MICHAEL NAME 05/06/06-80059-004 50.00 STREET ADDRESS STREET ADDRESS 3201 W. GRIFFIN ROAD, STE#106 CITY-ST-ZIP DANIA BEACH, FL 33312 CITY-ST-ZIP ☐ Change Addition ☐ Delete TITLE TITLE NAME DECKELBAUM, BRADLEY NAME STREET ADDRESS STREET ADDRESS 3201 W. GRIFFIN ROAD, STE#106 CITY-ST-78P CITY-ST-ZIP DANIA BEACH, FL 33312 ☐ Change ☐ Addition TITLE ☐ Delete THEF NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Addition TITLE ☐ Delete TITLE ☐ Change NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP City-St-ZiP Change ☐ Addition TITLE ☐ Delete TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP 11. I hereby certify that the information supplied with this filing does not quality 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 associate this report as required by Chapter 608, Florida Statutes.

TURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE

FILED