

2009 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L05000091395

FILED
Apr 17, 2009
Secretary of State

Entity Name: PREMIER PROPERTY HOLDINGS FC2 LLC

Current Principal Place of Business:

2940 LE BATEAU DRIVE
PALM BEACH GARDENS, FL 33410

New Principal Place of Business:

Current Mailing Address:

2940 LE BATEAU DRIVE
PALM BEACH GARDENS, FL 33410

New Mailing Address:

1 KALISA WAY
SUITE 201
PARAMUS, NJ 07652

FEI Number: 26-0628047

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

HALPERN, LISA S
2940 LE BATEAU DRIVE
PALM BEACH GARDENS, FL 33410 US

Name and Address of New Registered Agent:

KRASKER, PAUL A RA
625 NORTH FLAGLER DRIVE
9TH FLOOR
WEST PALM BEACH, FL 33401 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: PAUL A KRASKER

04/17/2009

Electronic Signature of Registered Agent

Date

MANAGING MEMBERS/MANAGERS:

Title: MGRM () Delete
Name: HALPERN, LISA S
Address: 2940 LE BATEAU DRIVE
City-St-Zip: PALM BEACH GARDENS, FL 33410

Title: () Delete
Name:
Address:
City-St-Zip:

ADDITIONS/CHANGES:

Title: MGRM (X) Change () Addition
Name: HALPERN, COLIN MGRM
Address: 2940 LE BATEAU DRIVE
City-St-Zip: PALM BEACH GARDENS, FL 33410

Title: MGRM () Change (X) Addition
Name: HALPERN-NADELL, NANCY MGRM
Address: 1 KALISA WAY SUITE 201
City-St-Zip: PARAMUS, NJ 07652

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.

SIGNATURE: NANCY HALPERN-NADELL

MGRM

04/17/2009

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