2007 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Feb 19, 2007
Secretary of State

DOCUMENT# L05000120459

Entity Name: PREMIER RESULTS, LLC

Current Principal Place of Business:

12800 UNIVERSITY DRIVE STE 575
FORT MYERS, FL 33907

New Principal Place of Business:

Current Mailing Address:

12800 UNIVERSITY DRIVE STE 575
FORT MYERS, FL 33907

New Mailing Address:

FEI Number: 20-3996694 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

NEIL, CRESSWELL
12800 UNIVERSITY DRIVE
SUITE 575
FORT MYERS, FL 33907 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:	SELLSTATE RESULTS RE, ALTY INC	
Address:	12800 UNIVERSITY DRIVE STE 575	
City-St-Zip:	FORT MYERS, FL 33907	
Title:	MGRM	( ) Delete
Name:	BERGER, ELIZABETH	
Address:	1750 UNIVERSITRY DRIVE	
City-St-Zip:	CORAL SPRINGS, FL 33071	
Title:	MGRM	( ) Delete
Name:	CRESSWELL, NEIL	
Address:	12800 UNIVERSITY DRIVE #575	
City-St-Zip:	FT. MYERS, FL 33907	

ADDITIONS/CHANGES:

Title:	( ) Change ( ) Addition
Name:	
Address:	
City-St-Zip:	
Title:	( ) Change ( ) Addition
Name:	
Address:	
City-St-Zip:	
Title:	( ) Change ( ) Addition
Name:	
Address:	
City-St-Zip:	

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: ARTHUR DARMANIN P 02/19/2007

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