2008 LIMITED LIABILITY COMPANY ANNUAL REPORT

DO NOT WRITE IN THIS SPACE

DOCUMENT # L06000069338

1. Entity Name

PREMIER EXECUTIVE CENTER - FT. MYERS, LLC



FILED Apr 07, 2008 08:00 Al Secretary of State

Principal Place of Business

Mailing Address

5650 GREENWOOD PLAZA BOULEVARD SUITE 143

5650 GREENWOOD PLAZA BOULEVARD SUITE 143

GREENWOOD VILLAGE, CO 80111 US

GREENWOOD VILLAGE, CO 80111



03192008No Chg-LLC

CR2E083 (12/07)

4. FEI Number 20-5193725

Applied For Not Applicable

5. Certificate of Status Desired

\$5.00 Additional Fee Required

6. Name and Address of Current Registered Agent

GRABINSKI, MATTHEW L 4001 TAMIAMI TRAIL N. 300

NAPLES, FL 34103

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8. The above named entity submits this statement for the purpose	ose of changing its registered office or	registered agent, or both	h, in the State of Florida.	I am famili	iar with, and	accept
the obligations of registered agent.				• •	•	•
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SIGNATURE

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

U000000883352

04/17/08-80020-012 138.75

FILE NOW!!! FEE IS \$138.75 After May 1, 2008 Fee will be \$538.75

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9.	MANAGING MEMBERS/MANAGERS			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM BENVIC PARTNERSHIP, LLP 5650 GREENWOOD PLAZA BOULEVARD, SUITE 143 GREENWOOD VILLAGE, CO 80111			
TITLE NAME STREET ADDRESS CITY-ST-ZIP				
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TITLE NAME STREET ADDRESS CITY-ST-ZIP				
TITLE NAME STREET ADDRESS CITY-ST-ZIP				
11. I bereby certify that the information sumptied with this fitting does not qualify for the ex				

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11. I hereby certify that the information supplied with this filting 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 608, Florida Statutes

SIGNATURE:

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

3/19/08

303 290 9100)

Daytime Phone #