2007 LIMITED LIABILITY COMPANY **ANNUAL REPORT**

SIGNATURE: SIGNATURE and TYPED OF PRINTED NAME OF SIGNA

Secretary of State DOCUMENT # L06000069399 03-07-2007 90214 018 ****50.00 PREMIER FLORIDA PROPERTIES, LLC Principal Place of Business Mailing Address PROTECTOR 1918 HILLCREST STREET 1918 HILLCREST STREET ORLANDO, FL 32803 ORLANDO, FL 32803 2. Principal Place of Business - No P.O. Box # 3. Mailing Address Suite, Apt. #, etc Suite, Apt. #, etc. 02012007 CR2E083 (12/06) City & State Applied For City & State 4. FEI Number <u> 20-518752</u> Not Applicable Zip Country Zip Country \$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 BURNS, PATRICK M Street Address (P.O. Box Number is Not Acceptable) 1918 HILLCREST STREET ORLANDO, FL 32803 Zip Code 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 Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE Filing Fee is \$50.00 _Due_by_May_1, 2007___ Make check payable to Florida Department of State MANAGING MEMBERS/MANAGERS ADDITIONS/CHANGES 9. 10. MGRM TITLE ☐ Addition TITLE ☐ Delete ☐ Change HUBER, MIKE NAME NAME STREET ADDRESS 1918 HILLCREST STREET STREET ADDRESS CITY-ST-ZIP ORLANDO, FL 32803 CITY-ST-ZIP TITLE Change ☐ Addition TITLE ☐ Delete HUBER, JANE NAME NAME 1918 HILLCREST STREET STREET ADDRESS STREET ADDRESS ORLANDO, FL 32803 CITY-ST-ZIP CITY-ST-ZIP ☐ Change Addition TITLE ☐ Delete TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Delete TITLE ☐ Change ■ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-7IP CITY-ST-ZIP Delete TITLE ☐ Change ☐ Addition TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Change Addition TITLE Delete NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP 11. I hereby certify that the information supplied with this filing 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.

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OR AUTHORIZED REPRESENTATIVE

FILED Mar 07, 2007 8:00 am