


2007 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT # L06000122707		
1. Entity Name PREMIER INTERIOR DESIGN, LLC		

Principal Place of Business 2811-E INDUSTRIAL PLAZA DRIVE TALLAHASSEE, FL 32301	Mailing Address 2811-E INDUSTRIAL PLAZA DRIVE TALLAHASSEE, FL 32301
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2. Principal Place of Business - No P.O. Box #		3. Mailing Address	
Suite, Apt. #, etc.		Suite, Apt. #, etc. BK	
City & State		City & State	
Zip	Country	Zip	Country

FILED

07 APR 25 AM 8:01

SECRETARY OF STATE
TALLAHASSEE, FLORIDA



03162007 Chg-LLC CR2E083 (12/06)

4. FEI Number 59-3145835	Applied For <input type="checkbox"/> Not Applicable
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5. Certificate of Status Desired <input type="checkbox"/>	\$5.00 Additional Fee Required
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6. Name and Address of Current Registered Agent		7. Name and Address of New Registered Agent	
MANAUSA, DANIEL E 3520 THOMASVILL ROAD TALLAHASSEE, FL 32309		Name	
		Street Address (P.O. Box Number is Not Acceptable)	
		City	
		FL 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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE _____ (NOTE: Registered Agent signature required when reinstating) DATE _____

**Filing Fee is \$50.00
Due by May 1, 2007**

BK

**Make check payable to
Florida Department of State**

9. MANAGING MEMBERS/MANAGERS		10. ADDITIONS/CHANGES	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM PREMIER CONSTRUCTION AND DEVELOPMENT INC. 2811-E INDUSTRIAL PLAZA DRIVE TALLAHASSEE, FL 32301 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition 400101623744 05/04/07--01059--008 **50.00
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition

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.

SIGNATURE:

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

4/24/07
Date

5-14-1000
Daytime Phone #