2009 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Apr 30, 2009
Secretary of State

DOCUMENT# L07000060252

Entity Name: PREMIERJUNIORTOUR.COM, LLC

Current Principal Place of Business:

845 S.E. 3RD PLACE
CAPE CORAL, FL 33990

New Principal Place of Business:

Current Mailing Address:

845 S.E. 3RD PLACE
CAPE CORAL, FL 33990

New Mailing Address:

FEI Number: 26-0318388 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

HANNAFORD, KAREN M
845 S.E. 3RD PLACE
CAPE CORAL, FL 33990 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: HANNAFORD, KAREN M
Address: 845 S.E. 3RD PLACE
City-St-Zip: CAPE CORAL, FL 33990

Title: MGR ( ) Delete
Name: HANNAFORD, JAMES
Address: 845 S.E. 3RD PLACE
City-St-Zip: CAPE CORAL, FL 33990

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

ADDITIONS/CHANGES:

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

Title: MGR (X) Change ( ) Addition
Name: HANNAFORD, MICHAEL J
Address: 845 S.E. 3RD PLACE
City-St-Zip: CAPE CORAL, FL 33990

Title: MGR ( ) Change (X) Addition
Name: HANNAFORD, MATTHEW J
Address: 845 S.E. 3RD PLACE
City-St-Zip: CAPE CORAL, FL 33990

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: KAREN M HANNAFORD MGR 04/30/2009

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