

2009 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L08000012431

FILED
May 01, 2009
Secretary of State

Entity Name: PREMIER DEVELOPERS OF FLORIDA, LLC

Current Principal Place of Business:

13137 SIENNA COURT
JACKSONVILLE, FL 32224

New Principal Place of Business:

305 NORTH ROSCOE BLVD
PONTE VEDRA, FL 32082

Current Mailing Address:

13137 SIENNA COURT
JACKSONVILLE, FL 32224

New Mailing Address:

305 NORTH ROSCOE BLVD
PONTE VEDRA, FL 32082

FEI Number: 26-1889470 **FEI Number Applied For ()** **FEI Number Not Applicable ()** **Certificate of Status Desired ()**
In accordance with s. 607.193(2)(b), F.S., the limited liability company did not receive the prior notice.

Name and Address of Current Registered Agent:

LIMITED AGENT SERVICES, LLC
11900 BISCAYNE BOULEVARD
280
MIAMI, FL 33181 US

Name and Address of New Registered Agent:

LIMITED AGENT SERVICES, LLC
150 SE 2ND AVENUE
901
MIAMI, FL 33131 US

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: STEFANIE BLACK LEWIS

05/01/2009

Electronic Signature of Registered Agent

Date

MANAGING MEMBERS/MANAGERS:

Title: MGRM () Delete
Name: FORREST, ANDREW
Address: 13137 SIENNA COURT
City-St-Zip: JACKSONVILLE, FL 32224

ADDITIONS/CHANGES:

Title: MGRM (X) Change () Addition
Name: FORREST, ANDREW
Address: 305 NORTH ROSCOE BLVD
City-St-Zip: PONTE VEDRA, FL 32082

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: ANDREW FORREST

MGRM

05/01/2009

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