

2009 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L08000035048

FILED
Mar 22, 2009
Secretary of State

Entity Name: M G PREMIER ENTERPRISES, LLC

Current Principal Place of Business:

8830 RESERVATION DRIVE
ORLANDO, FL 32829

New Principal Place of Business:

7911 FALCON ST
JACKSONVILLE, FL 32244

Current Mailing Address:

P. O. BOX 721319
ORLANDO, FL 32872

New Mailing Address:

7911 FALCON ST
JACKSONVILLE, FL 32244

FEI Number: 26-2540374

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

SMITH, GLORIA
8830 RESERVATION DRIVE
ORLANDO, FL 32829 US

Name and Address of New Registered Agent:

SMITH, GLORIA
7911 FALCON ST
JACKSONVILLE, FL 32244 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: GLORIA A. SMITH

03/22/2009

Electronic Signature of Registered Agent

Date

MANAGING MEMBERS/MANAGERS:

Title: MGRM () Delete
Name: MCBRIDE, MONIQUE
Address: P.O. BOX 721319
City-St-Zip: ORLANDO, FL 32829

Title: MGRM () Delete
Name: SMITH, GLORIA
Address: PO BOX 721319
City-St-Zip: ORLANDO, FL 32829

ADDITIONS/CHANGES:

Title: MGRM (X) Change () Addition
Name: MCBRIDE, MONIQUE
Address: 7911 FALCON ST
City-St-Zip: JACKSONVILLE, FL 32244

Title: MGRM (X) Change () Addition
Name: SMITH, GLORIA
Address: 7911 FALCON ST
City-St-Zip: JACKSONVILLE, FL 32244

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: GLORIA A SMITH

MGRM

03/22/2009

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