


**2005 LIMITED LIABILITY COMPANY
ANNUAL REPORT**

FILED
Apr 29, 2005 08:00 AM
Secretary of State

DOCUMENT # L99000002300 1. Entity Name PREMIER RELIANCE, L.L.C.	
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Principal Place of Business 770 S. LAWRENCE BLVD. KEYSTONE HEIGHTS, FL 32656	Mailing Address P.O. BOX 508 KEYSTONE HEIGHTS, FL 32656
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DO NOT WRITE IN THIS SPACE



04262005 No Chg-LLC CR2E083 (10/03)

4. FEI Number 59-3591274	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$5.00 Additional Fee Required

6. Name and Address of Current Registered Agent

**NEWELL, PAUL D
260A LAWRENCE BLVD., SUITE 201
KEYSTONE HEIGHTS, FL 32656**

**DO NOT WRITE
IN THIS SPACE**

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 re-registering) DATE _____

**Filing Fee is \$50.00
Due by May 1, 2005**

9. MANAGING MEMBERS/MANAGERS	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	MGR MARTIN, NORMA V 7883 SR 21 KEYSTONE HEIGHTS, FL 32656
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04/29/05-80045-007 50.00

11. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), 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: Norma V. Martin Norma V. Martin MGR 04/27/05 (904)284-6511
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, OR AUTHORIZED REPRESENTATIVE Date Daytime Phone #