2007 LIMITED LIABILITY COMPANY
ANNUAL REPORT

DOCUMENT # L99000002300

1. Entity Name
PREMIER RELIANCE, L.L.C.

Principal Place of Business	Mailing Address
770 S. LAWRENCE BLVD. KEYSTONE HEIGHTS, FL 32656	P.O. BOX 508 KEYSTONE HEIGHTS, FL 32656

03152007 No Chg-LLC   CR2E083 (11/05)

DO NOT WRITE IN THIS SPACE

4. FEI Number	Applied For
59-3591274	Not Applicable

5. Certificate of Status Desired ☐   **$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

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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 _____

Signature, typed or printed name of registered agent and title if applicable   (NOTE: Registered Agent signature required when reinstating)   DATE

Filing Fee is $50.00
Due by May 1, 2007

9. MANAGING MEMBERS/MANAGERS

TITLE	MGR
NAME	MARTIN, NORMA V
STREET ADDRESS	~~7893 CR 21~~ 2460 SE CR 21-B
CITY-ST-ZIP	~~KEYSTONE HEIGHTS, FL 32656~~ Melrose, FL 32666

TITLE	
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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: *Norma V. Martin*   Norma V. Martin   04-14-07 (904) 284-6511

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, OR AUTHORIZED REPRESENTATIVE   Date   Daytime Phone #