

2004 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L99000004309

FILED
Apr 14, 2004
Secretary of State

Entity Name: PREMIER CORPORATE CENTER II, L.C.

Current Principal Place of Business:

350 ESSJAY ROAD, SUITE 101
WILLIAMSVILLE, NY 14221

New Principal Place of Business:

Current Mailing Address:

350 ESSJAY ROAD, SUITE 101
WILLIAMSVILLE, NY 14221

New Mailing Address:

FEI Number: 16-1571474

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

BAILIN, LAWRENCE J
401 EAST JACKSON STREET, SUITE 2200
TAMPA, FL 33602 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/MEMBERS:

Title: MGRM () Delete
Name: CIMINELLI, FRANK L
Address: 4994 STRICKLER ROAD
City-St-Zip: CLARENCE, NY 14031

Title: MGR () Delete
Name: CIMINELLI, PAUL F
Address: 89 MAYNARD DR.
City-St-Zip: EGGERTSVILLE, NY 14226

Title: MGR () Delete
Name: CIMINELLI, JOHN A
Address: 635 WOODLAND COURT
City-St-Zip: EAST AMHERST, NY 14051

ADDITIONS/CHANGES:

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

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

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

I hereby certify that the information supplied with this filing does not qualify for the 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 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: FRANK L. CIMINELLI

MGRM

04/14/2004

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