

# 2003 LIMITED LIABILITY COMPANY UNIFORM BUSINESS REPORT (UBR)

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DOCUMENT # M02000000676

1. Entity Name

PREMIER PROPERTIES, LLC



FILED

03 JUN -2 PM 1:31

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

Principal Place of Business

5601 SOUND BLUFF ROAD  
OCEAN SPRINGS MS 39564

Mailing Address

5601 SOUND BLUFF ROAD  
OCEAN SPRINGS MS 39564

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number 64-0947198

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$5.00 Additional  
Fee Required

☒ CHECK HERE IF MAKING CHANGES



6. Name and Address of Current Registered Agent

CONGDON, RONALD  
9200 COLLEGE PARKWAY  
FORT MYERS FL 33919

7. Name and Address of New Registered Agent

Name

Corporation Service Company

Street Address (P.O. Box Number is Not Acceptable)

City

1201 Hays Street  
Tallahassee

FL

Zip Code

32301

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

Carla Lohi

Asst. Vice President

6-2-03

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

**FILE NOW!!! FEE IS \$50.00**  
**Make Check Payable to Florida Department of State**  
**Due By May 1, 2003**

9. MANAGING MEMBERS/MANAGERS

10. ADDITIONS/CHANGES

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
MGRM  
SMITA MANAGEMENT CORPORATION  
5601 SOUND BLUFF ROAD  
OCEAN SPRINGS MS 39564 ☐ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
☐ Change ☐ Addition

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
MGRM  
ENCORE ENTERPRISES, INC.  
5601 SOUND BLUFF ROAD  
OCEAN SPRINGS MS 39564 ☐ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
☐ Change ☐ Addition

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
☐ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
100020313821  
☐ Change ☐ Addition

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
☐ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
☐ Change ☐ Addition

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
☐ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
BKL  
☐ Change ☐ Addition

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
☐ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
☐ Change ☐ Addition

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:

SIGNATURE REQUIRED

Smita H. Sengani

5/5/03

228-864-9888

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE

Date

Daytime Phone #

CR2E083 (10/02)



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1102000000672

ACCOUNT NO. : 072100000032

REFERENCE : 114332 7203542

AUTHORIZATION :

Patricia Pigute

COST LIMIT : \$ 50.00

FILED  
JUN -2 PM 1:31  
TALLAHASSEE, FLORIDA  
SECRETARY OF STATE

ORDER DATE : June 2, 2003

ORDER TIME : 11:30 AM

ORDER NO. : 114332-005

CUSTOMER NO: 7203542

CUSTOMER: Ms. Jerri Lynn Neumaier  
Encore Enterprises  
Suite 200  
1201 25th Avenue  
Gulfport, MS 39501

CHANGE OF AGENT

NAME: PREMIER PROPERTIES, LLC

PLEASE RETURN THE FOLLOWING AS PROOF OF FILING:

           CERTIFIED COPY  
XX            PLAIN STAMPED COPY

CONTACT PERSON: Carla E. Lohi

RECEIVED  
03 JUN -2 PM 12:54  
DIVISION OF CORPORATION