


**2008 LIMITED LIABILITY COMPANY
ANNUAL REPORT**

FILED
Apr 29, 2008 08:00 AM
Secretary of State

DOCUMENT # M07000004781 1. Entity Name PREMIER COMMERCE LAND LEASE LLC	
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Principal Place of Business 2875 N.E. 191 STREET, PH1B AVENTURA, FL 33180	Mailing Address 2875 N.E. 191 STREET, PH1B AVENTURA, FL 33180
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02052008No Chg-LLC CR2E083 (12/07)

DO NOT WRITE IN THIS SPACE

4. FEI Number 41-2297962	Applied For Not Applicable
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5. Certificate of Status Desired <input type="checkbox"/>	\$5.00 Additional Fee Required
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6. Name and Address of Current Registered Agent KLEIN, TED 8030 PETERS ROAD, SUITE D-104 PLANTATION, FL

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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 _____ <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)</small>	000000932347 05/22/08 010 138.75
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FILE NOW!!! FEE IS \$138.75
After May 1, 2008 Fee will be \$538.75

9. MANAGING MEMBERS/MANAGERS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGR AZOUT, JACK 2875 N.E. 191 STREET, PH1B AVENTURA, FL 33180
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGR GILINSKI, SAUL 2875 N.E. 191 STREET, PH1B AVENTURA, FL 33180
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGR SREDNI, ERWIN 2875 N.E. 191 STREET, PH1B AVENTURA, FL 33180
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGR SREDNI, ISAAC 2875 N.E. 191 STREET, PH1B AVENTURA, FL 33180
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	

DO NOT WRITE IN THIS SPACE

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  <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, OR AUTHORIZED REPRESENTATIVE</small>	Date _____	Daytime Phone # _____
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