


File on or before May 1, 1999 or Limited Liability Company will be subject to a \$ 400.00 LATE FEE.

LIMITED LIABILITY COMPANY ANNUAL REPORT 1999				FLORIDA DEPARTMENT OF STATE Katherine Harris Secretary of State DIVISION OF CORPORATIONS	
FILING FEE \$ 188.75		Annual Report \$100.00 + \$88.75 Corporation Supplemental Fee Make Check Payable To: FLORIDA DEPARTMENT OF STATE			
1. Name and Mailing Address of Limited Liability Company DOCUMENT # M94000000064 PREMIER MANAGEMENT AND DEVELOPMENT, L.L.C. , L.C. % C T CORPORATION SYSTEM 1200 S. PINE ISLAND ROAD PLANTATION FL 33324		1a. Principal Place of Business Address % C T CORPORATION SYSTEM 1200 S. PINE ISLAND ROAD PLANTATION FL 33324			
2. Principal Place of Business <i>Premier Mgt. + Dev LLC</i> <i>7102 N. 43rd Ave</i> Suite, Apt. #, etc. <i>7102 N. 43rd Ave</i> City & State <i>Glendale, AZ</i> Zip <i>85301</i> Country <i>USA</i>		2a. Mailing Address <i>7102 N. 43rd Ave</i> Suite, Apt. #, etc. <i>7102 N. 43rd Ave</i> City & State <i>Glendale, AZ</i> Zip <i>85301</i> Country <i>USA</i>		3. Date Organized or Qualified 07/13/1994 3a. State of Formation AZ 4. FEI Number 86-0766679 5. Date of Last Report 04/27/1998 6. Certificate of Status Desired <input type="checkbox"/> Applied For <input type="checkbox"/> Not Applicable <input checked="" type="checkbox"/> \$8.75 Additional Fee Required	
7. Name and Address of Current Registered Agent C T CORPORATION SYSTEM 1200 S. PINE ISLAND ROAD PLANTATION FL 33324		8. Name and Address of New Registered Agent/Office Name Street Address (P.O. Box Number is Not Acceptable) Suite, Apt. #, etc. 000002832450--7 -04/07/99--01085--013 City FL ****197.60 ****197.50			
9. Pursuant to the provisions of Sections 608.416 and 608.508, Florida Statutes, the above-named limited liability company submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by affirmative vote of a majority of the members. I hereby accept the appointment as registered agent, and accept the obligations.					
SIGNATURE _____ DATE _____ <small>(Registered Agent Accepting Appointment) (NOTE: Registered Agent signature required when entering filing)</small>					
10. Title	Managing Members/Managers	Business Street Address		City, State and Zip Code	
MGRM	KNAUER, SUSAN FRISBY	7102 N. 43RD AVENUE		GLENDALE AZ	
11. I do 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 annual 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, and that my name appears in Block 10, or on an attachment with an address.					
SIGNATURE: <i>Susan Frisby Knaue</i> 18 Mar 99 (602)245-223					