## 2000 UNIFORM BUSINESS REPORT (UBR)

| DOCUMENT # M940000064  1. Entity Name PREMIER MANAGEMENT AND DEVELOPMENT, L.L.C., L.C.   |  |                                |  |                           | FILEU  |   |  |                     |               |
|--|--|--------------------------------|--|---------------------------|--|---|--|---------------------|---------------|
|  |  |                                |  |                           | 00 MAY -3 AM 11: 05                            |   |  |                     | ð             |
| PREMIER MANAGEMENT AND DEVELOPMENT, C.C.O.,  |  |                                | ـــــــــــــــــــــــــــــــــــــ  |                           |  | OFCOSTARY                               | OF STATE                               |                     |               |
|  |  |                                |  |                           |  | SECRETARY OF STATE TALLAHASSEE, FLORIDA |  |                     |               |
| •  | ce of Business   | Mailing Address                |  |                           |  | 3.1 1 mm                                |  |                     |               |
| PREMIER MGT. & DEV. LLC PREMIER MGT. & DEV. L<br>7102 N. 43RD AVENUE 7102 N. 43RD AVENUE |  |                                | .LC                                    | ,                         |  |   |  |                     |               |
| GLENDALE AZ  | Z 85301  | GLENDALE AZ 85301-290          | 6                                      | •                         |  | Inžiatii iik iaid akad aaid aadi        | ###################################### |                     | ll            |
| O Division C   | Dia ( Dusiness   | D. Mailling Address            |  | <u></u>                   |  |   |  |                     |               |
| PREW   | Place of Business IER MGT 1 Dev. LLC   | 3. Mailing Address  PREMIER    | Mailing Address PREMIER MGT y Dev. LLC |                           |  |   |  |                     |               |
| Suite, Apt.  | <del></del>  | Suite, Apt. #, etc.            |  |                           | 1  | DO NOT WRITE                            | IN THIS SPACE                          |                     |               |
| City & Stat  | te   | City & State                   |  |                           | 4. FEIN  | lumber                                  |  | Applied For         |               |
| GLENDALE AZ.   |  | GLENDALE AZ.                   |  | _                         |  | 86-0766679                              |  | Not Applica         | ble           |
| Zip<br>853   | Country USA<br>BOI- MARICOPA   | Zip 5301                       | Cour                                   | RICOPA                    | 5. Certi                                       | ficate of Status Desired                | ∵ <b>⊠</b> - \$5.00<br>Fee Req         | Additional<br>uíred | 3             |
|  | 6. Name and Address of Current R   | egistered Agent                |  |                           | 7. Name  | e and Address of New Re                 | gistered Agent                         |                     |               |
| Nam  |  |                                |  |                           | ,  |   |  |                     |               |
| C T CORPORATION SYSTEM 1200 S. PINE ISLAND ROAD  |  |                                |  | Street Address            | et Address (P.O. Box Number is Not Acceptable) |   |  |                     |               |
| PLANTATION FL 33324  |  |                                |  |                           |  |   |  |                     |               |
|  |  |                                | . 14.                                  | City                      |  |   | FL Zip (                               | Code                |               |
|  | named entity submits this statement for  | the purpose of changing its    | s register                             | Led office or registe     | red agent,                                     | or both, in the State of Flori          |  | <del></del>         |               |
|  | ,  |                                |  | ·                         |  |   | * *,* *                                |                     |               |
| SIGNATURE .  | Signature, typed or printed name of registered agent an  | d title if applicable. (NO     | ΓΕ: Registere                          | d Agent signature require | d when reinstati                               | ng)                                     | DATE                                   |                     |               |
|  |  | FILE N                         | OWIII                                  | FEE IS \$50.00            |  |   |  |                     |               |
|  |  | Make Check Pa                  |  |                           | of State                                       |   |  |                     |               |
|  | MANAGING MEMBE   | ·                              | 10.                                    | <del></del>               |  | ADDITIONS/0                             | PHANGES                                |                     |               |
| 9.<br>TILE   | MGRM   | Deicte                         | 1171                                   | E .                       |  | ADDITIONO                               | Chan                                   | ge Addit            | ion (66/6)    |
| NAME   | KNAUER, SUSAN FRISBY   |                                | MAN                                    | -                         | `  |   |  |                     | 6)            |
| STREET ADDRESS<br>CITY- ST-ZIP   | 7102 N. 43RD AVENUE<br>GLENDALE AZ 85301   |                                |  | FET ADDRESS<br>7-81-21P   |  |   |  |                     | <br>R2E083    |
| TITLE  | ,  | ☐ Delete                       | m                                      | E                         |  |   | Chan                                   | ge 🔲 Addit          | ion C         |
| MAME<br>STREET ADDRESS   |  |                                | MAN                                    | IE<br>Eet audress         |  |   |  |                     |               |
| CITY- ST-ZIP   |  |                                |  | - ST- ZIP                 |  |   |  |                     |               |
| TITLE  |  | ☐ Delete                       | TITL                                   |                           |  |   | ☐ Chan                                 |                     | ton           |
| NAME<br>STREET ADDRESS   |  |                                | aan<br>Stri                            | IE<br>Eet address         | l  | 6000032<br>-05/25/0<br>******55         | 56976                                  | ~-O                 | Ï             |
| CITY-ST-ZIP  |  |                                | CITY                                   | - 8T- ZIP                 |  |   | <u>-门门 ******</u>                      | .55.00              |               |
| TITLE<br>MAME  |  | Deleta                         | TITL                                   |                           |  |   | Chan                                   | ge 🗌 Addit          | ion           |
| STREET ADDRESS   |  |                                | 1                                      | EET ADDRESS               |  |   |  |                     | ]             |
| CITY-ST-ZIP  |  |                                |  | - ST-ZIP                  |  |   |  |                     |               |
| TITLE<br>NAME  |  | ☐ Delete                       | TITL                                   |                           |  |   | Chan                                   | ge 🗌 Addit          | idg)          |
| STREET ADDRESS   |  |                                | STR                                    | EET ADDRESS               |  |   |  |                     |               |
| CITY-ST-ZIP  |  | <u> </u>                       |  | - ST- ZIF                 |  |   |  | HE     1   1   1    |               |
| TITLE `  |  | Delets                         | TITL                                   |                           |  |   | Chan                                   | ge 🗌 Addit          | Mu            |
| STREET ADDRESS   |  |                                |  | EET ACORESS               |  |   |  |                     |               |
| 11 Lhereby   | certify that the information supplied with t   | his filing does not qualify to |  | emotion stated in S       | ection 110                                     | 07(3)(i) Florida Statutos Li            | urther certify that the                | ne information      | $\overline{}$ |
| indicatéd  | on this report is true and accurate and the subject of trustees the company of the receiver of trustees to the company of the receiver of trustees the company of the receiver of the company of the c | nat my signature shall have    | the same                               | e legal effect as if (    | made unde                                      | r oath; that I am a managir             | ng member or man                       | ager of the         |               |

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER OR MANAGER

Date

Dat