

2000 UNIFORM BUSINESS REPORT (UBR)

APPROVED
AND
FILED

00 MAY -3 AM 11:05

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

0016475 AB

DOCUMENT # M94000000064

1. Entity Name
PREMIER MANAGEMENT AND DEVELOPMENT, L.L.C., L.C.

Principal Place of Business
PREMIER MGT. & DEV. LLC
7102 N. 43RD AVENUE
GLENDALE AZ 85301

Mailing Address
PREMIER MGT. & DEV. LLC
7102 N. 43RD AVENUE
GLENDALE AZ 85301-2906



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business
PREMIER MGT & Dev. LLC
Suite, Apt. #, etc.

3. Mailing Address
PREMIER MGT & Dev. LLC
Suite, Apt. #, etc.

City & State
GLENDALE AZ.
Zip
85301
Country
USA
MARICOPA

City & State
GLENDALE AZ.
Zip
85301
Country
USA
MARICOPA

4. FEI Number 86-0766679
Applied For
Not Applicable

5. Certificate of Status Desired ☒ \$5.00 Additional Fee Required

6. Name and Address of Current Registered Agent
C T CORPORATION SYSTEM
1200 S. PINE ISLAND ROAD
PLANTATION FL 33324

7. Name and Address of New Registered Agent
Name
Street Address (P.O. Box Number is Not Acceptable)
City FL Zip Code

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.

SIGNATURE _____ (NOTE: Registered Agent signature required when reinstating) DATE _____

FILE NOW!!! FEE IS \$50.00
Make Check Payable to Department of State

9. MANAGING MEMBERS / MEMBERS

TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM KNAUER, SUSAN FRISBY 7102 N. 43RD AVENUE GLENDALE AZ 85301	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete

10. ADDITIONS / CHANGES

TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
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TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> 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: SUSAN F. KNAUER APR 27 00 (623) 245-2225
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER OR MANAGER Date Daytime Phone #

CR2E083 (9/99)