

2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # M94000000064

1. Entity Name

PREMIER MANAGEMENT AND DEVELOPMENT, L.L.C., L.C.

FILED

01 MAY -3 PM 1:19

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

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



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

PREMIER MGT. & DEV. LLC

3. Mailing Address

PREMIER MGT. & DEV. LLC

Suite, Apt. #, etc.

7102 N. 43rd Ave

Suite, Apt. #, etc.

7102 N. 43rd Ave

City & State

GLENDALE, AZ 85301

City & State

GLENDALE, AZ

Zip

85301

Country

MARICOPA

Zip

85301

Country

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

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

(NOTE: Registered Agent signature required when reinstating)

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

000004335289-8
-05/31/01--01012--020
*****55.00 *****55.00

9. MANAGING MEMBERS/MEMBERS

TITLE NAME MGRM KNAUER, SUSAN FRISBY
STREET ADDRESS 7102 N. 43RD AVENUE
CITY-ST-ZIP GLENDALE AZ 85301

TITLE NAME
STREET ADDRESS
CITY-ST-ZIP

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CITY-ST-ZIP

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STREET ADDRESS
CITY-ST-ZIP

TITLE NAME
STREET ADDRESS
CITY-ST-ZIP

10. ADDITIONS/CHANGES

TITLE NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE NAME MGRM James C. Frisby
STREET ADDRESS 998 W. BRACK BLVD
CITY-ST-ZIP LONG BEACH, MISS 39560

TITLE NAME
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CITY-ST-ZIP

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TITLE NAME
STREET ADDRESS
CITY-ST-ZIP

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

SUSAN F. KNAUER - APR 26, 01 (623) 245-2225

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

Date

Daytime Phone #

CR2E083 (11/00)