

**2004 LIMITED LIABILITY COMPANY ANNUAL REPORT**

**FILED**  
**Apr 30, 2004 08:00 AM**  
**Secretary of State**

**DOCUMENT # L00000000719**

1. Entity Name  
**PICERNE HOLLY RIDGE, LLC**



Principal Place of Business  
**247 NORTH WESTMONTE DRIVE  
 ALTAMONTE SPRINGS, FL 32714**

Mailing Address  
**247 NORTH WESTMONTE DRIVE  
 ALTAMONTE SPRINGS, FL 32714**



04142004 No Chg-LLC CR2E083 (10/03)

**DO NOT WRITE IN THIS SPACE**

4. FEI Number <b>59-3672298</b>	Applied For Not Applicable
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5. Certificate of Status Desired  **\$5.00 Additional Fee Required**

**6. Name and Address of Current Registered Agent**

**COSTOLO, W. TERRY ESQ.  
 301 E. PINE ST., STE 1400  
 ORLANDO, FL 32801**

**DO NOT WRITE  
 IN THIS SPACE**

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 \_\_\_\_\_ (NOTE: Registered Agent signature required when reinstating) \_\_\_\_\_ DATE \_\_\_\_\_  
Signature: typed or printed name of registered agent and title if applicable

**Filing Fee is \$50.00  
 Due by May 1, 2004**

**9. MANAGING MEMBERS/MANAGERS**

TITLE NAME STREET ADDRESS CITY - ST - ZIP	MGR PICERNE, ROBERT M 247 N WESTMONTE DR ALTAMONTE SPRINGS, FL 32714
TITLE NAME STREET ADDRESS CITY - ST - ZIP	MBR PICERNE, DAVID R 1420 E MISSOURI AVE., STE 100 PHOENIX, AZ 02886
TITLE NAME STREET ADDRESS CITY - ST - ZIP	MBR PICERNE, JOHN G 75 LAMBERT LIND HWY WARWICK, RI 02886
TITLE NAME STREET ADDRESS CITY - ST - ZIP	MBR VRITESCU, RAYMOND M 75 LAMBERT LIND HWY WARWICK, RI 02886
TITLE NAME STREET ADDRESS CITY - ST - ZIP	MBR PICERNE, JEANNE M 1420 E MISSOURI AVE., STE 100 PHOENIX, AZ 02886
TITLE NAME STREET ADDRESS CITY - ST - ZIP	MBR PICERNE INVESTMENT CORPORATION 75 LAMBERT LIND HWY WARWICK, RI 02886

04142004-000004-021 50.00

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 IN THIS SPACE**

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:** \_\_\_\_\_

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

4/27/04

Date

Daytime Phone #