


**2007 LIMITED LIABILITY COMPANY
ANNUAL REPORT**

FILED
May 01, 2007 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
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DO NOT WRITE IN THIS SPACE



03302007 No Chg-LLC CR2E083 (11/05)

4. FEI Number 59-3672298	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 _____

**Filing Fee is \$50.00
Due by May 1, 2007**

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

L00000751826
05/18/07-80117-009 50.00

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11. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, 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]* _____ *4/27/07* _____
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, OR AUTHORIZED REPRESENTATIVE Date Daytime Phone #