


**2005 LIMITED LIABILITY COMPANY ANNUAL REPORT**

**FILED**  
**Apr 27, 2005 08:00 AM**  
**Secretary of State**

**DOCUMENT # L02000034517**  
 1. Entity Name  
**THE PERKINS HOUSE, LLC**



Principal Place of Business      Mailing Address  
**118 NORTH GADSDEN STREET**      **118 NORTH GADSDEN STREET**  
**TALLAHASSEE, FL 32301**      **TALLAHASSEE, FL 32301**

**DO NOT WRITE IN THIS SPACE**



04152005No Chg-LLC      CR2E083 (10/03)

4. FEI Number      Applied For  
**81-0594175**      Not Applicable

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

5. Name and Address of Current Registered Agent  
**MOYLE, JON C JR.**  
**118 NORTH GADSDEN STREET**  
**TALLAHASSEE, FL 32301**

**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, 2005**

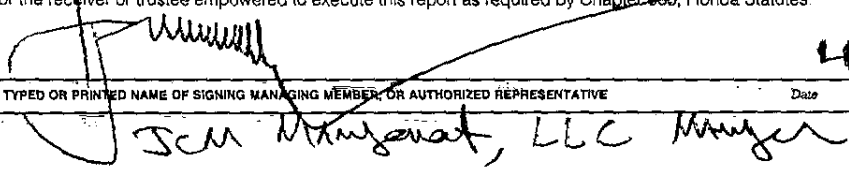
9. MANAGING MEMBERS/MANAGERS

TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGR MOYLE, JON C JR. 118 NORTH GADSDEN STREET TALLAHASSEE, FL 32301
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGR JCM MANAGEMENT LLC 118 N. GADSDEN ST. TALLAHASSEE, FL 32301
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**DO NOT WRITE 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 609, Florida Statutes.

SIGNATURE:       **4-21-05**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, OR AUTHORIZED REPRESENTATIVE      Date      Daytime Phone #