LIMITED LIABILITY COMPANY UNIFORM BUSINESS REPORT (UBR)

L02000034517

1. Entity Name

THE PERKINS HOUSE, LLC

SIGNATURE:



SECRETARY OF STATE DIVISION OF CORPORATIONS 03 JUL -3 PH 1:49

7-2-03 850-681-3828

HE PERKINS HOUSE, LLC		A STATE OF THE PARTY OF THE PAR	
DO NOT WRITE	IN THIS SPAC	CE	
Principal Place of Business 18 N. Gadsden 85. Suite, Apt. #, etc.	3. Mailing Address 118 N. G-Ad Sden Suite, Apt. #, etc.	u st	DO NOT WRITE IN THIS SPACE
City & State TA 11AHA SSEE F	City & State TAMMASSEE Zip Co	FI.	4. FEI Number Applied For Not Applied For Not Applicable 5. Certificate of Status Desired Fee Required
Zip 3230 1 Country USA		Name 30	7. Name and Address of Current Registered Agent N MOYUE JR.
DO NOT V IN THIS S		TAW	WASSES FL Zip Code
 The above named entity submits this statemen the obligations of registered agent. 	t for the purpose of changing its regis	city GA	If the State of Florida. I am familiar with, and accept 7-2-93
SIGNATURE Signature, typed or printed name of registered as	pernet of title if applicable.	: IS \$50.00	DATE
MANAGING ME	ADERS /MANAGERS	o Florida Departn BY MAY 1	90021295769 ment of 847/13/0301028001 **50.00
9. TITLE TAMA STREET ADDRESS TAMA TAM	LLC, MANAGER USt. F1. 32301	THTLE NAME STREET ADDRESS CITY ST-ZIP	
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TITLE NAME STREET ADDRESS CITY-ST-ZIP		NAME STREET ADDRESS CITY-ST-ZIP	IN THIS SPACE
TITLE NAME STREET ADDRESS CITY-ST-ZIP		TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS		NAME STREET ADDRESS CITY:ST:ZIP	att. that the information
I hereby certify that the information supplied indicated on this report is true and accuration limited liability company or the receiver	ed with this filing does not qualify for t te and that my signature shall have the trustee empowered to execute this re	the exemption stated ne same legal effect a eport as required by	in Section 119.07(3)(i), Florida Statutes. I further certify that the information as if made under oath; that I am a managing member or manager of the Chapter 608, Florida Statutes.