

2006 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT # L04000007908

1. Entity Name
PERFECT HOME REALTY, LLC



FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS

06 SEP 14 AM 10:01

Principal Place of Business
11595 KELLY ROAD
FORT MYERS, FL 33908 US

Mailing Address
P.O. BOX 07415
FORT MYERS, FL 33919 US

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

09072006 Chg-LLC CR2E083 (11/05)

City & State

City & State

4. FEI Number
20-0721362

Applied For
Not Applicable

Zip

Country

Zip

Country

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

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

MONTGOMERY, ROBERT L
4200 STEAMBOAT BEND
SUITE 502
FORT MYERS, FL 33919

Name

Street Address (P.O. Box Number is Not Acceptable)

12060 SABAL DUNES LANE

City

FT. MYERS

FL

Zip Code
33913

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

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

(NOTE: Registered Agent signature required when reinstating)

DATE

Filing Fee is \$50.00
Due by September 15, 2006

Make check payable to
Florida Department of State

9. MANAGING MEMBERS/MANAGERS

10. ADDITIONS/CHANGES

TITLE MGRM
NAME MONTGOMERY, ROBERT L
STREET ADDRESS 4200 STEAMBOAT BEND
CITY-ST-ZIP FORT MYERS, FL 33919 ☐ Delete
ADDRESS CHANGE

TITLE MANAGER
NAME DOLORES MONTGOMERY
STREET ADDRESS 697 CIELO VISTA DRIVE
CITY-ST-ZIP GREENWOOD, IN 46143 ☒ Change ☐ Addition

TITLE MGRM
NAME ZUKERMAN, ALLAN B
STREET ADDRESS 2216 EMILY DRIVE
CITY-ST-ZIP INDIANAPOLIS, IN 46260 ☒ Delete

TITLE MEMBER
NAME ROBERT L. MONTGOMERY
STREET ADDRESS 12060 SABAL DUNES LANE
CITY-ST-ZIP FT. MYERS, FL 33913 ☒ Change ☐ Addition

TITLE MGRM
NAME BREEDLOVE, REX D
STREET ADDRESS 4160 STEAMBOAT BEND, EAST # 104
CITY-ST-ZIP FORT MYERS, FL 33919 ☒ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Change ☐ Addition

TITLE MGRM
NAME MONTGOMERY, DOLORES J
STREET ADDRESS 697 CIELO VISTA DRIVE
CITY-ST-ZIP GREENWOOD, IN 46143 ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Change ☐ Addition

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

Date

Daytime Phone #

317-973-1066
9-08-06 317-403-9522
Cool