2006 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED Apr 17, 2006 8:00 am Secretary of State

| DOCUMENT # M0500003103 1. Entity Name PEF ST. PETERSBURG FL, LLC | | | | | | | 04-17-2006 | 90037 00 |)2 ****5 | 0.00 |
|---|--------------------------|--|---|--------------------|------------------|---|---------------------------|-------------|---------------------|-------------------------|
| Principal Place 2808 FAIRMO DALLAS, TX | OUNT STE 2 | | Mailing Address 2808 FAIRMOUNT STE 250 DALLAS, TX 75201 | | | 1 L ut i 0 (1) | T BOSEL OMN BEN OSKY OTKY | | M en erre me | C K4 C1 |
| 2. Principal Pl | ace of Busin | ness | 3. Mailing Address | | | | | | | |
| Suite, Apt. #, etc. | | | Suite, Apt. #, etc. | | | 04112006 | Chg-LLC | CR2E083 | 3 (11/05) | |
| City & State | | | City & State | | | 4. FEI Numb | er | · · · · | 1 | olied For Applicable |
| Zip | | Country Zip Cou | | Coun | try | 5. Certificate of Status Desired \$5.00 Additional Fee Required | | | | |
| | 6. Name | and Address of Current F | egistered Agent | | Name | 7. Name and | d Address of New Re | gistered Ag | ent | |
| C T CORPO 1200 SOUT PLANTATION | TH PINE | ISLAND ROAD | | | Street Address (| P.O. Box Numb | per is Not Acceptable |) | | |
| | | | | | City | | | FL | Zip Code | |
| 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 | | | | | | | | | | |
| | is \$50.00 by 1, 2006 | | | | | | e check pay Departmer | | | |
| 9. | | MANAGING MEMBE | L RS/MANAGERS | 10. | | | ADDITIONS/ | CHANGES | | |
| NAME STREET ADDRESS CITY-ST-ZIP | 2808 FAI | IC FINANCIAL GROUP, IRMOUNT STE 250 , TX 75201 | | ľ | | | ſ | Change | ☐ Addition | |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | | | ☐ Delete | • | | | | [| Change | Addition |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | | | ☐ Delete | TITL NAA STR | £ | | | i | ☐ Change | ☐ Addition |
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| TITLE NAME STREET ADDRESS CITY-ST-ZIP | | | ☐ Delete | TITE NAM STR | E | | | | Change | Addition |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | | /. /- · - · | ☐ Delete | | ı | | | | 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 thereceiver or truesee empowered to execute this report as required by Chapter 608, Florida Statutes. SIGNATURE: SIGNATURE: Prosidur 4 grand purchases Prosidur 4 grand purchases | | | | | | | | | | |