

**2004 LIMITED LIABILITY COMPANY
ANNUAL REPORT**

FILED
Apr 30, 2004 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**



04142004 No Chg-LLC

CR2E083 (10/03)

DO NOT WRITE IN THIS SPACE

4. FEI Number
59-3672298

Applied For
Not Applicable

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

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 May 1, 2004**

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**

04142004-021 50.00

**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 608, Florida Statutes

SIGNATURE:

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

Date

Daytime Phone #

4/27/04