

# 2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # L00000006383

1. Entity Name

PEGASUS PROPERTY INVESTMENT GROUP, LLC

FILED

01 MAY -1 PM 5:14

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA



DO NOT WRITE IN THIS SPACE

Principal Place of Business

P.O. BOX 1143  
ANNA MARIA FL 34216

Mailing Address

P.O. BOX 1143  
ANNA MARIA FL 34216

2. Principal Place of Business

P.O. Box 231  
Suite, Apt. #, etc.

3. Mailing Address

P.O. Box 231  
Suite, Apt. #, etc.

City & State

ANNA MARIA, FLA

City & State

ANNA MARIA, FL

Zip

Country

34216

Zip

Country

34216

4. FEI Number

65-1022031

Applied For

Not Applicable

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

RAYMOND, PAUL J  
625 COURT STREET, SUITE 200  
CLEARWATER FL 33756

Name

Street Address (P.O. Box Number 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.

SIGNATURE

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

(NOT) Registered Agent signature required when reinstating)

DATE

FILE NOW!!! FEE IS \$50.00  
Make Check Payable to Department of State

9. MANAGING MEMBERS/MEMBERS

10. ADDITIONS/CHANGES

TITLE MGR ☐ Delete  
NAME AJMO, CRAIG T  
STREET ADDRESS 611 GLADIOLUS STREET  
CITY-ST-ZIP ANNA MARIA FL 34216

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

TITLE MGR ☐ Delete  
NAME PETEREIT, OLIVER  
STREET ADDRESS 796 NORTH SHORE DRIVE  
CITY-ST-ZIP ANNA MARIA FL 34216

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

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition  
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CITY-ST-ZIP

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, MANAGER, OR AUTHORIZED REPRESENTATIVE

CRAIG T. AJMO, MGR

(727) 785

CR2E083 (11/00)