FILED
May 03, 2004 08:00 AM
Secretary of State

2004 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT # L01000003366

1. Entity Name
PETUNIA MANAGEMENT, LLC

Principal Place of Business	Mailing Address
440 S FEDERAL HIGHWAY SUITE 204 DEERFIELD BEACH, FL 33441	440 S FEDERAL HIGHWAY SUITE 204 DEERFIELD BEACH, FL 33441

DO NOT WRITE IN THIS SPACE

04292004 No Chg-LLC CR2E083 (10/03)

4. FEI Number
65-1091750
☐ Applied For
☐ Not Applicable

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

6. Name and Address of Current Registered Agent

IMBRIALE, ANN M
2731 NE 14 ST
POMPANO BEACH, FL 33062

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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: X _____ DATE
(Signature, typed or printed name of registered agent and title if applicable) (NOTE: Registered Agent signature required when reinstating)

Filing Fee is $50.00
Due by May 1, 2004

9. MANAGING MEMBERS/MANAGERS

TITLE	MGRM
NAME	IMBRIALE, ANN M
STREET ADDRESS	2731 NE 14 ST
CITY-ST-ZIP	POMPANO BEACH, FL 33062
TITLE	MGRM
NAME	PERROTTA, JOSEPH
STREET ADDRESS	2731 NE 14 ST
CITY-ST-ZIP	POMPANO BEACH, FL 33062
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

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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: X Anne Imbriale 4/26/2004
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, OR AUTHORIZED REPRESENTATIVE — Date — Daytime Phone #