## 2005 LIMITED LIABILITY COMPANY ANNUAL REPORT

## FILED Jan 18, 2005 08:00 AM Secretary of State

DOCUMENT # L02000001051  1. Enlity Name PEC PROPERTIES, LLC					
295 FIRST ST	rincipal Place of Business Mailing Address 295 FIRST ST S 295 FIRST ST S VINTER HAVEN, FL 33880 WINTER HAVEN, FL 33880			ר או או המעברה הענים לאונים עלינו מונים למוסה למספר אונים המוסג אונים אונים אונים או האו אונים או אינים אונים 1 וראשו על המעברה הענים לאונים עלינו מונים אונים אונים מוסגים אונים אונים אונים אונים אונים אונים אונים אונים	
DO NOT WRITE IN THIS SPACE  6. Name and Address of Current Registered Agent				01132005No Chg-LLC	
255 MAGN	IN, RICHARD E			DO NOT WRITE IN THIS SPACE	
the obligat	named entity submits this statement for ions of registered agent.  Signature, typed or printed name of registered agent a liting Fee is \$50.00 ue by May 1, 2005		ered office or register	ered agent, or both, in the State of Florida. I am familiar with, and according to the state of Florida. I am familiar with, and according to the state of Florida. I am familiar with, and according to the state of Florida. I am familiar with, and according to the state of Florida. I am familiar with, and according to the state of Florida. I am familiar with, and according to the state of Florida. I am familiar with, and according to the state of Florida. I am familiar with, and according to the state of Florida. I am familiar with, and according to the state of Florida. I am familiar with, and according to the state of Florida. I am familiar with, and according to the state of Florida. I am familiar with, and according to the state of Florida. I am familiar with a state of Florida.	)pt
9.  TITLE  NAME  STREET ADDRESS  CITY-ST-ZIP  TITLE  NAME  SIREET ADDRESS  CITY-ST-ZIP  TITLE  NAME  STREET ADDRESS  CITY-ST-ZIP  TITLE  NAME  STREET ADDRESS  CITY-ST-ZIP	MANAGING MEMBE MGR CASSIDY, PETER E 295 FIRST ST S WINTER HAVEN, FL 33880	RS/MANAGERS		######################################	
TITLE NAMAE STREET ADDRESS GITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP				IN THIS SPACE	
NAME STREET ADDRESS CITY-ST-ZIP  11. I hereby indicated limited lia	certify that the information supplied with to this report is true and accurate and ability company or the receiver of truster	n this filing does not qualify for the e I that my signature shall have the sa e empowered to execute this report	exemption stated in S rme legal effect as if as required by Char	Section 119.07(3)(i), Florida Statutes. I further certify that the information made under oath; that I am a managing member or manager of the apter 608, Florida Statutes.	ńĸ

JRE: SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MAJAGING MEMBER, OR AUTHORIZED REPRESENTATIVE

SIGNATURE: \_