


**2005 LIMITED LIABILITY COMPANY ANNUAL REPORT**

**FILED**  
**Apr 19, 2005 8:00 am**  
**Secretary of State**

04-19-2005 90027 038 \*\*\*\*50.00

<b>DOCUMENT # L02000007290</b>	
1. Entity Name PEREIRA MANAGEMENT LLC	

Principal Place of Business <b>ONE SPECTACLE POND ROAD LITTLETON, MA 01460</b>	Mailing Address <b>P.O. BOX 1446 LITTLETON, MA 01460</b>
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**DO NOT WRITE IN THIS SPACE**



04122005No Chg-LLC CR2E083 (10/03)

4. FEI Number <b>NOT APPLICABLE</b>	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	<b>\$5.00</b> Additional Fee Required

**- 6. Name and Address of Current Registered Agent**

AMERICAN INFORMATION SERVICES, INC.  
 SUNTRUST INTERNATIONAL CENTER  
 ONE SOUTHEAST THIRD AVE. 28TH FLOOR  
 MIAMI, FL 33131

**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: \_\_\_\_\_ (NOTE: Registered Agent signature required when reinstating) DATE: \_\_\_\_\_

**Filing Fee is \$50.00  
 Due by May 1, 2005**

**9. MANAGING MEMBERS/MANAGERS**

TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>MGRM PEREIRA, ROBERT W 102 NE 2ND ST., #555 BOCA RATON, FL 33432</b>
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>MGR JACOBSON, ROBERT N ONE SPECTACCE POND RD LITTLETON, MA 01460</b>
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**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:** *Robert N. Jacobson* **ROBERT N. JACOBSON, MGR. 4-12-04 978-742-4447**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, OR AUTHORIZED REPRESENTATIVE Date Daytime Phone #