

# 2006 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L02000007290

**FILED**  
**Apr 24, 2006**  
**Secretary of State**

**Entity Name:** PEREIRA MANAGEMENT LLC

**Current Principal Place of Business:**

ONE SPECTACLE POND ROAD  
LITTLETON, MA 01460

**New Principal Place of Business:**

**Current Mailing Address:**

P.O. BOX 1446  
LITTLETON, MA 01460

**New Mailing Address:**

**FEI Number:** 01-3345928

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired ( )**

**Name and Address of Current Registered Agent:**

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

**Name and Address of New Registered Agent:**

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: \_\_\_\_\_

Electronic Signature of Registered Agent

\_\_\_\_\_ Date

**MANAGING MEMBERS/MANAGERS:**

Title: MGRM ( ) Delete  
Name: PEREIRA, ROBERT W  
Address: 102 NE 2ND ST., #555  
City-St-Zip: BOCA RATON, FL 33432

Title: MGR ( ) Delete  
Name: JACOBSON, ROBERT N  
Address: ONE SPECTACCE POND RD  
City-St-Zip: LITTLETON, MA 01460

**ADDITIONS/CHANGES:**

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the for the exemption stated in Chapter 119, Florida Statutes. I further certify that the information indicated on this report is true and accurate and that my electronic 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

MGR

04/24/2006

\_\_\_\_\_  
Electronic Signature of Signing Managing Member, Manager, or Authorized Representative / Date