


2007 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Mar 12, 2007 08:00 AM
Secretary of State

DOCUMENT # L02000007290	
1. Entity Name PEREIRA MANAGEMENT LLC	

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



03082007 No Chg-LLC CR2E083 (11/05)

4. FEI Number 01-3345928	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$5.00 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**

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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 _____ 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, 2007**

9. MANAGING MEMBERS/MANAGERS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM PEREIRA, ROBERT W 102 NE 2ND ST., #555 BOCA RATON, FL 33432
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGR JACOBSON, ROBERT N ONE SPECTACCE POND RD LITTLETON, MA 01460
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11. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, 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 **3/8/07** **978-742-4400**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNER, MANAGING MEMBER, OR AUTHORIZED REPRESENTATIVE Date Daytime Phone #

ROBERT N. JACOBSON