


**2007 LIMITED LIABILITY COMPANY
ANNUAL REPORT**

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

DOCUMENT # L02000007290 1. Entity Name PEREIRA MANAGEMENT LLC	
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Principal Place of Business ONE SPECTACLE POND ROAD LITTLETON, MA 01460	Mailing Address P.O. BOX 1446 LITTLETON, MA 01460
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03082007 No Chg-LLC

CR2E083 (11/05)

DO NOT WRITE IN THIS SPACE

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

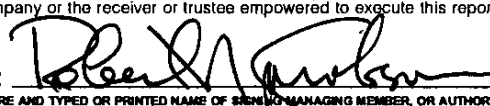
DO NOT WRITE IN THIS SPACE

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, 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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<p>U000000664516 03/22/07-80047-013 50.00</p> <p>DO NOT WRITE IN THIS SPACE</p>
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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:  SIGNATURE AND TYPED OR PRINTED NAME OF SIGNER, MANAGING MEMBER, OR AUTHORIZED REPRESENTATIVE	3/8/07 Date	978-742-4400 Daytime Phone #
ROBERT N. JACOBSON		