Apr 29, 2003 8:00 am Secretary of State

04-29-2003 90032 007 ****50.00

2003 LIMITED LIABILITY COMPANY UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # L0200007290

1. Entity Name

PEREIRA MANAGEMENT LLC



Principal Place of Business Mailing Address 20035717 ONE SPECTACLE POND ROAD P.O. BOX 1446 LITTLETON MA 01460 LITTLETON MA 01460 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. CHECK HERE IF MAKING CHANGES City & State City & State 4. FEI Number Applied For Not Applicable Country Zip Zip Country \$5.00 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent AMERICAN INFORMATION SERVICES, INC. Street Address (P.O. Box Number is Not Acceptable) SUNTRUST INTERNATIONAL CENTER ONE SOUTHEAST THIRD AVE. 28TH FLOOR **MIAMI FL 33131** 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 Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE FILE NOW!!! FEE IS \$50.00 Make Check Payable to Florida Department of State Due By May 1, 2003 MANAGING MEMBERS/MANAGERS 9. 10. ADDITIONS/CHANGES MANAGING MEMBER TITLE TITLE ☐ Change Addition ROBERT W. PERETRA
102 N.E. 200 St., #555 NAME NAME STREET ADDRESS STREET ADDRESS Boca Raton FL 33432 CITY-ST-7IP CITY-ST-ZIP MANAGER TITLE ☐ Delete TITLE Change Addition ROBERT N. JACOBSON NAME NAME STREET ADDRESS ONE SPECTACLE POND RD. STREET ADDRESS CITY-ST-ZIE CITY-ST-ZIP TITLE -- □ Delete ---TITLE ☐ Change Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Delete TITLE [] Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Delete TITLE ☐ Change Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-7IP TITLE-☐ Delete TITLE ☐ Change ☐ Addition NAME NAME

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.

STREET ADDRESS

SIGNATURE:

STREET ADDRESS

CITY-ST-ZUP

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE

4-22-03

978.742-4447

Daytime Phone 4

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