

**2004 LIMITED LIABILITY COMPANY ANNUAL REPORT (AR)**

**FILED**  
**Apr 28, 2004 8:00 am**  
**Secretary of State**

04-28-2004 90064 046 \*\*\*\*50.00



**DOCUMENT # L02000007291**  
 1. Entity Name  
**PEREIRA INVESTMENTS LLC**

Principal Place of Business      Mailing Address  
**ONE SPECTACLE POND ROAD**      **P.O. BOX 1446**  
**LITTLETON MA 01460**      **LITTLETON MA 01460**

**24057055**



MOORE      CR2E083 (11/03)

2. Principal Place of Business      3. Mailing Address  
 Suite, Apt. #, etc.      Suite, Apt. #, etc.  
 City & State      City & State

4. FEI Number      Applied For  
**NO-T APPLICABLE**      Not Applicable

5. Certificate of Status Desired      \$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**

7. Name and Address of New Registered Agent  
 Name  
 Street Address (P.O. Box Number is Not Acceptable)  
 City      **FL**      Zip Code

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 \_\_\_\_\_

**FILE NOW!!! FEE IS \$50.00**  
**Make Check Payable to Florida Department of State**  
**Due By May 1, 2004**

9. MANAGING MEMBERS/MANAGERS

TITLE	MGRM	<input type="checkbox"/> Delete
NAME	PEREIRA, ROBERT W	
STREET ADDRESS	102 NE 2ND ST #555	
CITY-ST-ZIP	BOCA RATON FL 33432	
TITLE	MGR	<input type="checkbox"/> Delete
NAME	JACOBSON, ROBERT N	
STREET ADDRESS	ONE SPECTACLE POND RD	
CITY-ST-ZIP	LITTLETON MA 01460	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

10. ADDITIONS/CHANGES

TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

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* Mgr.      4-26-04      978-742-4447  
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE      Date      Daytime Phone #