


**2005 LIMITED LIABILITY COMPANY  
ANNUAL REPORT**

**FILED**  
**Apr 19, 2005 8:00 am**  
**Secretary of State**

04-19-2005 90027 039 \*\*\*\*50.00

**DOCUMENT # L02000007291**

1. Entity Name  
PEREIRA INVESTMENTS LLC



Principal Place of Business  
ONE SPECTACLE POND ROAD  
LITTLETON, MA 01460

Mailing Address  
P.O. BOX 1446  
LITTLETON, MA 01460

**DO NOT WRITE IN THIS SPACE**



04122005No Chg-LLC CR2E083 (10/03)

|                                 |                               |
|---------------------------------|-------------------------------|
| 4. FEI Number<br>NOT APPLICABLE | Applied For<br>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

**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 \_\_\_\_\_ DATE \_\_\_\_\_  
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when re-registering)

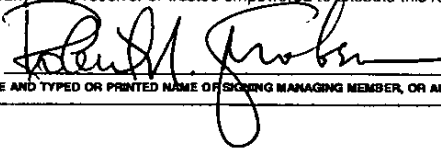
**Filing Fee is \$50.00  
Due by May 1, 2005**

9. MANAGING MEMBERS/MANAGERS

|  |   |
|--|---|
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP | MGRM<br>PEREIRA, ROBERT W<br>102 NE 2ND ST #555<br>BOCA RATON, FL 33432   |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP | MGR<br>JACOBSON, ROBERT N<br>ONE SPECTACLE POND RD<br>LITTLETON, MA 01460 |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP |   |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP |   |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP |   |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP |   |

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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.** 4-12-05 978-742-4447  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, OR AUTHORIZED REPRESENTATIVE Date Daytime Phone #