

**2005 LIMITED LIABILITY COMPANY  
ANNUAL REPORT**

**FILED**  
**Apr. 18, 2005 08:00 AM**  
**Secretary of State**

**DOCUMENT # L02000009042**

**1. Entity Name**  
**PERFECT CLUB COMPANY, LLC**



**Principal Place of Business**  
**125 E. MARKS STREET**  
**ORLANDO, FL 32803**

**Mailing Address**  
**125 E. MARKS STREET**  
**ORLANDO, FL 32803**



04122005No Chg-LLC

CR2E083 (10/03)

**DO NOT WRITE IN THIS SPACE**

**4. FEI Number**  
**01-0666778**

**Applied For**  
**Not Applicable**

**5. Certificate of Status Desired** ☐

**\$5.00 Additional  
Fee Required**

**6. Name and Address of Current Registered Agent**

**KESSLER, PETER**  
**125 E. MARKS STREET**  
**ORLANDO, FL 32803**

**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**

Signature, typed or printed name of registered agent and title if applicable

(NOTE: Registered Agent signature required when reinstating)

DATE

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

000000314320  
04/18/05-80160-015 50.00

**9. MANAGING MEMBERS/MANAGERS**

<b>TITLE</b>	<b>MGRM</b>
<b>NAME</b>	<b>KESSLER, PETER S</b>
<b>STREET ADDRESS</b>	<b>3000 WESTCHESTER AVE.</b>
<b>CITY-ST-ZIP</b>	<b>ORLANDO, FL 32803</b>
<b>TITLE</b>	<b>MGRM</b>
<b>NAME</b>	<b>GOODWIN, CHRISTOPHER JK</b>
<b>STREET ADDRESS</b>	<b>11 KINGSPARK CRESCENT</b>
<b>CITY-ST-ZIP</b>	<b>LONDON ONTARIO CANADA N6H4C3,</b>
<b>TITLE</b>	
<b>NAME</b>	
<b>STREET ADDRESS</b>	
<b>CITY-ST-ZIP</b>	
<b>TITLE</b>	
<b>NAME</b>	
<b>STREET ADDRESS</b>	
<b>CITY-ST-ZIP</b>	
<b>TITLE</b>	
<b>NAME</b>	
<b>STREET ADDRESS</b>	
<b>CITY-ST-ZIP</b>	

**DO NOT WRITE  
IN THIS SPACE**

**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:**

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

Date

Daytime Phone #