


# 2005 LIMITED LIABILITY COMPANY ANNUAL REPORT (AR)

**FILED**  
**Apr 25, 2005 8:00 am**  
**Secretary of State**

04-25-2005 90101 007 \*\*\*\*50.00

<b>DOCUMENT # L02000022239</b> 1. Entity Name <b>PELOT PROPERTIES, LLC</b>	
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Principal Place of Business <b>105 ROSEWOOD LANE C/O JAMES TRUBE GREENACRES FL 33463</b>	Mailing Address <b>PO BOX #1345 LAKE WORTH FL 33454</b>
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2. Principal Place of Business <b>2740 SW Martin Downs Blvd.</b>	3. Mailing Address <b>2740 SW Martin Downs Blvd.</b>
Suite, Apt. #, etc. <b>PMB # 133</b>	Suite, Apt. #, etc. 

1st MOORE      CR2E083 (10/04)

City & State <b>Palm City FL</b>	City & State 	4. FEI Number <b>11-3650226</b>	Applied For <input type="checkbox"/> Not Applicable
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Zip <b>34990</b>	Country 	Zip 	Country 	5. Certificate of Status Desired <input type="checkbox"/> <b>\$5.00</b> Additional Fee Required
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6. Name and Address of Current Registered Agent  <b>TRUBE, JAMES 105 ROSEWOOD LANE GREENACRES FL 33463</b>	7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) <b>2740 SW Martin Downs Blvd</b> <b>PMB # 133</b> City <b>Palm City</b> <b>FL</b> Zip Code <b>34990</b>
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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: *Vickie Trube*      *Walter B. Linn*      4/11/05  
Signature, typed or printed name of registered agent and title if applicable      (NOTE: Registered Agent signature required when filing)      DATE

**FILE NOW!!! FEE IS \$50.00**  
**Make Check Payable to Florida Department of State**  
**Due By May 1, 2005**

9. MANAGING MEMBERS/MANAGERS	
TITLE	MGRM <input type="checkbox"/> Delete
NAME	TRUBE, JAMES
STREET ADDRESS	105 ROSEWOOD LANE
CITY-ST-ZIP	GREENACRES FL 33463
TITLE	MGRM <input type="checkbox"/> Delete
NAME	TRUBE, VICKIE
STREET ADDRESS	105 ROSEWOOD LANE
CITY-ST-ZIP	GREENACRES FL 33463
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 checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	2752 SW Newberry Ct.
CITY-ST-ZIP	Palm City FL 34990
TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	2752 SW Newberry Ct.
CITY-ST-ZIP	Palm City FL 34990
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: *Vickie B Linn*      4-11-05    561-601-1252  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE      Date      Daytime Phone #