


2005 LIMITED LIABILITY COMPANY ANNUAL REPORT (AR)

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

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

DOCUMENT # L02000022239

1. Entity Name
PELOT PROPERTIES, LLC



Principal Place of Business
**105 ROSEWOOD LANE
 C/O JAMES TRUBE
 GREENACRES FL 33463**

Mailing Address
**PO BOX #1345
 LAKE WORTH FL 33454**



2. Principal Place of Business
2740 SW Martin Downs Blvd.

Suite, Apt. #, etc.
PMB # 133

3. Mailing Address
 Suite, Apt. #, etc.

1st MOORE CR2E083 (10/04)

City & State
Palm City FL

4. FEI Number
11-3650226

Applied For
 Not Applicable

Zip
34990

Country

5. Certificate of Status Desired **\$5.00** Additional Fee Required

6. Name and Address of Current Registered Agent
**TRUBE, JAMES
 105 ROSEWOOD LANE
 GREENACRES FL 33463**

7. Name and Address of New Registered Agent
 Name
 Street Address (P.O. Box Number is Not Acceptable)
2740 SW Martin Downs Blvd
PMB # 133
 City **Palm City** **FL** Zip Code **34990**

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

Vickie B Trube (NOTE: Registered Agent signature required when filing) DATE **4/11/05**

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

9. MANAGING MEMBERS/MANAGERS

TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM TRUBE, JAMES 105 ROSEWOOD LANE GREENACRES FL 33463	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM TRUBE, VICKIE 105 ROSEWOOD LANE GREENACRES FL 33463	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete

10. ADDITIONS/CHANGES

TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition 2752 SW Newberry Ct. Palm City FL 34990
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition 2752 SW Newberry Ct. Palm City FL 34990
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TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition

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 Trube** (SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE)

Date **4-11-05** Daytime Phone # **561-601-1252**