


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	
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Principal Place of Business 105 ROSEWOOD LANE C/O JAMES TRUBE GREENACRES FL 33463	Mailing Address PO BOX #1345 LAKE WORTH FL 33454
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2. Principal Place of Business 2740 SW Martin Downs Blvd. Suite, Apt. #, etc. PMB # 133	3. Mailing Address Suite, Apt. #, etc.
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1st MOORE CR2E083 (10/04)

City & State Palm City FL	City & State
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4. FEI Number 11-3650226	Applied For <input type="checkbox"/> Not Applicable
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Zip 34990	Country	Zip	Country
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5. Certificate of Status Desired <input type="checkbox"/>	\$5.00 Additional Fee Required
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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
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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 <i>Vickie Trube</i>	(NOT Registered Agent signature required when renewing)	DATE 4/11/05
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FILE NOW!!! FEE IS \$50.00
Make Check Payable to Florida Department of State
Due By May 1, 2005

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

10. ADDITIONS/CHANGES		<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE	2752 SW Newberry Ct.	<input checked="" type="checkbox"/>
NAME	Palm City FL 34990	
STREET ADDRESS		
CITY-ST-ZIP		
TITLE	2752 SW Newberry Ct.	<input checked="" type="checkbox"/>
NAME	Palm City FL 34990	
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/>
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/>
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: <i>Vickie B Trube</i>	Date 4-11-05	Daytime Phone # 561-601-1252
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SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE