

**2004 LIMITED LIABILITY COMPANY
ANNUAL REPORT**

FILED

**Jan 15, 2004 08:00 AM
Secretary of State**

DOCUMENT # L02000023302

1. Entity Name
PEGASUS PROPERTIES, LLC



Principal Place of Business
**757 TROPICAL CIRCLE
SARASOTA, FL 34242**

Mailing Address
**757 TROPICAL CIRCLE
SARASOTA, FL 34242**



01072004No Chg-LLC

CR2E083 (10/03)

DO NOT WRITE IN THIS SPACE

4. FEI Number
11-3652577

Applied For
Not Applicable

5. Certificate of Status Desired ☐

\$5.00 Additional
Fee Required

6. Name and Address of Current Registered Agent

**BUCKNELL, PHILIP
757 TROPICAL CIRCLE
SARASOTA, FL 34242**

**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

Lindsay Bucknell

LINDSAY BUCKNELL

1/10/04

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

(NOTE: Registered Agent signature required when resigning)

DATE

**Filing Fee is \$50.00
Due by May 1, 2004**

9. **MANAGING MEMBERS/MANAGERS**

TITLE	MGRM
NAME	BUCKNELL, PHILIP
STREET ADDRESS	757 TROPICAL CIRCLE
CITY-ST-ZIP	SARASOTA, FL 34242
TITLE	MGRM
NAME	BUCKNELL, LINDSAY
STREET ADDRESS	757 TROPICAL CIRCLE
CITY-ST-ZIP	SARASOTA, FL 34242
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

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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 808, Florida Statutes.

SIGNATURE:

Lindsay Bucknell

LINDSAY BUCKNELL

1/10/04

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

Date

Day/Time Phone #