


**2007 LIMITED LIABILITY COMPANY
ANNUAL REPORT**

FILED
Feb 19, 2007 08:00 AM
Secretary of State

DOCUMENT # L02000027845 1. Entity Name PYLEES, LLC	
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Principal Place of Business 1861 WEST HILLSBORO BLVD DEERFIELD BEACH, FL 33442	Mailing Address 1861 WEST HILLSBORO BLVD DEERFIELD BEACH, FL 33442
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DO NOT WRITE IN THIS SPACE



02162007 No Chg-LLC

CR2E083 (11/05)

4. FEI Number 32-0042941	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$5.00 Additional Fee Required

6. Name and Address of Current Registered Agent EDWARD F. HOLODAK, P.A. 2500 HOLLYWOOD BLVD. SUITE 212 HOLLYWOOD, FL 33020
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**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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____
Signature, typed or printed name of registered agent and title if applicable.

**Filing Fee is \$50.00
Due by May 1, 2007**

9. MANAGING MEMBERS/MANAGERS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGR KOTTURAN, PAUL M.D. 1861 WEST HILLSBORO BLVD. DEERFIELD BEACH, FL 33442
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11. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, 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: *X Paul M.D. Kotturan* *X*
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, OR AUTHORIZED REPRESENTATIVE Date Daytime Phone #