
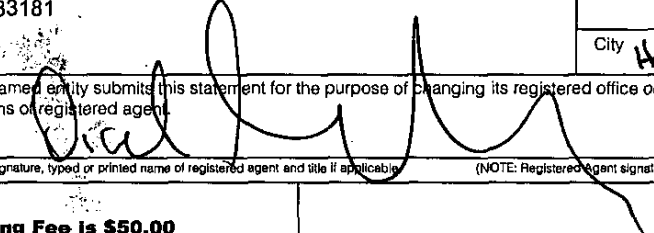
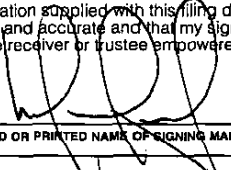


# 2004 LIMITED LIABILITY COMPANY ANNUAL REPORT

**FILED**  
**Apr 20, 2004 8:00 am**  
**Secretary of State**

04-20-2004 90186 038 \*\*\*\*50.00

|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               |                                                                                            |                                                                              |                                                                                                                                                                                                                                    |                                                                                   |                                                                                               |
|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--------------------------------------------------------------------------------------------|------------------------------------------------------------------------------|------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-----------------------------------------------------------------------------------|-----------------------------------------------------------------------------------------------|
| <b>DOCUMENT # L02000028960</b><br>1. Entity Name<br><b>P.E. INVESTMENTS I, LLC</b>                                                                                                                                                                                                                                                                                                                                                                                                                            |                                                                                            |                                                                              |                                                                                                                                                                                                                                    |  |                                                                                               |
| Principal Place of Business<br><b>12550 BISCAYNE BLVD</b><br><b>405</b><br><b>NORTH MIAMI, FL 33181</b>                                                                                                                                                                                                                                                                                                                                                                                                       |                                                                                            |                                                                              | Mailing Address<br><b>12550 BISCAYNE BLVD</b><br><b>405</b><br><b>NORTH MIAMI, FL 33181</b>                                                                                                                                        |                                                                                   |                                                                                               |
| 2. Principal Place of Business<br><b>1911 HARRISON Street</b><br>Suite, Apt. #, etc.                                                                                                                                                                                                                                                                                                                                                                                                                          |                                                                                            |                                                                              | 3. Mailing Address<br><b>1911 HARRISON Street</b><br>Suite, Apt. #, etc.                                                                                                                                                           |                                                                                   |                                                                                               |
| City & State<br><b>Hollywood, FLORIDA</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                     |                                                                                            |                                                                              | City & State<br><b>Hollywood, FLORIDA</b>                                                                                                                                                                                          |                                                                                   |                                                                                               |
| Zip<br><b>33020</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                           |                                                                                            | Country<br><b>U.S.A.</b>                                                     |                                                                                                                                                                                                                                    | 4. FEI Number<br><b>56-2342419</b>                                                |                                                                                               |
| 5. Certificate of Status Desired <input type="checkbox"/> \$5.00 Additional Fee Required                                                                                                                                                                                                                                                                                                                                                                                                                      |                                                                                            | Applied For<br><input checked="" type="checkbox"/> Not Applicable            |                                                                                                                                                                                                                                    |                                                                                   |                                                                                               |
| 6. Name and Address of Current Registered Agent<br><br><b>RACINI, OSCAR GRISALES ESQ</b><br><b>12550 BISCAYNE BLVD</b><br><b>SUITE 405</b><br><b>MIAMI, FL 33181</b>                                                                                                                                                                                                                                                                                                                                          |                                                                                            |                                                                              | 7. Name and Address of New Registered Agent<br>Name <b>RACINI, OSCAR GRISALES ESQ.</b><br>Street Address (P.O. Box Number is Not Acceptable)<br><b>1911 HARRISON Street.</b><br><br>City <b>Hollywood</b> FL Zip Code <b>33020</b> |                                                                                   |                                                                                               |
| 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.<br><br>SIGNATURE  DATE _____<br><small>Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered agent signature required when relistating)</small>      |                                                                                            |                                                                              |                                                                                                                                                                                                                                    |                                                                                   |                                                                                               |
| <b>Filing Fee is \$50.00</b><br><b>Due by May 1, 2004</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                     |                                                                                            |                                                                              | <b>Make check payable to</b><br><b>Florida Department of State</b>                                                                                                                                                                 |                                                                                   |                                                                                               |
| <b>9. MANAGING MEMBERS/MANAGERS</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                           |                                                                                            |                                                                              | <b>10. ADDITIONS/CHANGES</b>                                                                                                                                                                                                       |                                                                                   |                                                                                               |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP                                                                                                                                                                                                                                                                                                                                                                                                                                                                | MGRM<br><b>PERCHIK, ELIAS</b><br><b>12550 BISCAYNE BLVD #405</b><br><b>MIAMI, FL 33181</b> | <input type="checkbox"/> Delete                                              |                                                                                                                                                                                                                                    | TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP                                    | <b>M</b><br><b>Perchik ELIAS</b><br><b>1911 HARRISON Street</b><br><b>Hollywood, FL 33020</b> |
|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               |                                                                                            | <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition |                                                                                                                                                                                                                                    |                                                                                   |                                                                                               |
|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               |                                                                                            | <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition |                                                                                                                                                                                                                                    |                                                                                   |                                                                                               |
|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               |                                                                                            | <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition |                                                                                                                                                                                                                                    |                                                                                   |                                                                                               |
|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               |                                                                                            | <input type="checkbox"/> Change <input type="checkbox"/> Addition            |                                                                                                                                                                                                                                    |                                                                                   |                                                                                               |
|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               |                                                                                            | <input type="checkbox"/> Change <input type="checkbox"/> Addition            |                                                                                                                                                                                                                                    |                                                                                   |                                                                                               |
|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               |                                                                                            | <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. |                                                                                            |                                                                              |                                                                                                                                                                                                                                    |                                                                                   |                                                                                               |
| <b>SIGNATURE:</b>                                                                                                                                                                                                                                                                                                                                                                                                          |                                                                                            |                                                                              |                                                                                                                                                                                                                                    |                                                                                   |                                                                                               |
| SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE                                                                                                                                                                                                                                                                                                                                                                                                         |                                                                                            |                                                                              |                                                                                                                                                                                                                                    | Date Daytime Phone #                                                              |                                                                                               |