

2004 LIMITED LIABILITY COMPANY ANNUAL REPORT

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FILED
May 10, 2004 8:00 am
Secretary of State

04-20-2004 90186 039 ****50.00

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DOCUMENT # L02000028968			
1. Entity Name P.E. INVESTMENTS III, LLC			
Principal Place of Business 12550 BISCAYNE BLVD SUITE 405 NORTH MIAMI, FL 33181		Mailing Address 12550 BISCAYNE BLVD SUITE 405 NORTH MIAMI, FL 33181	
2. Principal Place of Business 1911 Harrison Street Suite, Apt. #, etc.		3. Mailing Address 1911 Harrison Street Suite, Apt. #, etc.	
City & State Hollywood, FLORIDA		City & State Hollywood, FLORIDA	
Zip 33020	Country U.S.A	Zip 33020	Country U.S.A
4. FEI Number 56-2342423		Applied For Not Applicable	
5. Certificate of Status Desired <input type="checkbox"/> \$5.00 Additional Fee Required			04142004 Chg-LLC CR2E083 (10/03)
6. Name and Address of Current Registered Agent GRISALES-RACINI, OSCAR ESQ. 12550 BISCAYNE BLVD SUITE 405 NORTH MIAMI, FL 33181		7. Name and Address of New Registered Agent Name: GRISALES-RACINI, OSCAR ESQ. Street Address (P.O. Box Number is Not Acceptable): 1911 Harrison Street City: Hollywood FL Zip Code: 33020	
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:		DATE	
Filing Fee is \$50.00 Due by May 1, 2004		Make check payable to Florida Department of State	
9. MANAGING MEMBERS/MANAGERS		10. ADDITIONS/CHANGES	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM PERCHIK, ELIAS 12550 BISCAYNE BLVD STE 405 NORTH MIAMI, FL 33181 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	MANAGER Perchik ELIAS 1911 Harrison Street Hollywood, FL 33020 <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	SECRETARY Perchik DARIO 1911 Harrison Street Hollywood, FL 33020 <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	TREASURER Perchik, Gustavo 1911 Harrison Street Hollywood, FL 33020 <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	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"/> Delete	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"/> Delete	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 118.07(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:		05-03-04 954 929 06 79 Daytime Phone #	
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE POA			