2006 LIMITED LIABILITY COMPANY ANNUAL REPORT

SIGNATURE:

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

## FILED Jan 18, 2006 08:00 AM DOCUMENT # L03000000639 **Secretary of State** 1 - Entity Name JOSÉPH PERRY, LLC Principal Place of Business Mailing Address 11046 WILDLIFE TRAIL 11046 WILDLIFE TRAIL TALLAHASSEE, FL 32312 TALLAHASSEE, FL 32312 01162006 No Chg-LLC CR2E083 (11/05) DO NOT WRITE IN THIS SPACE 4. FEI Number Applied For 37-1455369 Not Applicable \$5.00 Additional 5. Certificate of Status Desired Fee Required 5. Name and Address of Current Registered Agent PERRY, JOSEPH DO NOT WRITE 11046 WILDLIFE TRAIL TALLAHASSEE, FL 32312 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. (NOT Registered Agent signature required when reinstating Filing Fee is \$50.00 Due by May 1, 2008 MANAGING MEMBERS/MANAGERS 9. TITLE MGR PERRY, JOSEPH D MR. NAME STREET ADDRESS 11046 WILDLIFE TRAIL CITY-ST-ZIP TALLAHASSEE, FL 32312 DILE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS DO NOT WRITE CITY+ST-7/P TITLE IN THIS SPACE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADORESS CITY-ST-709 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.