

2004 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Apr 07, 2004 8:00 am
Secretary of State

03-15-2004 90430 005 ****50.00

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DOCUMENT # L03000012442 1. Entity Name PEGASUS REAL ESTATE & PROPERTY MANAGEMENT, LLC					
Principal Place of Business - 5667 NAPLES BLVD. NAPLES, FL 34109			Mailing Address 5667 NAPLES BLVD. NAPLES, FL 34109		
2. Principal Place of Business 2950 Tamiami Trail N.		3. Mailing Address ← SAME			
Suite, Apt. #, etc. 16		Suite, Apt. #, etc.			
City & State Naples FL		City & State		4. FEI Number 76-0731045	
Zip 34103		Country		5. Certificate of Status Desired <input type="checkbox"/> \$5.00 Additional Fee Required	
6. Name and Address of Current Registered Agent MURRAY, PAUL A. 5667 NAPLES BLVD. NAPLES, FL 34109			7. Name and Address of New Registered Agent Name Dino Singas Street Address (P.O. Box Number is Not Acceptable) 2950 Tamiami Trail N. Ste 16 City Naples FL Zip Code 34103		
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 (Dino Singas) DATE 3/5/04 <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)</small>					
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	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	P Dino Singas 2950 Tamiami Trail N. Ste 16 Naples, FL 34103 <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	
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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 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.					
SIGNATURE:			3/5/04 239-649-4805		
<small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE</small>			<small>Date Daytime Phone #</small>		