

2005 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L03000021245

FILED
Apr 01, 2005
Secretary of State

Entity Name: PERFECT PROPERTY HOLDINGS, LLC

Current Principal Place of Business:

1465 HILLVIEW DRIVE
SARASOTA, FL 34239

New Principal Place of Business:

Current Mailing Address:

15 PARADISE PLAZA #303
SARASOTA, FL 34239

New Mailing Address:

15 PARADISE PLAZA #315
SARASOTA, FL 34239

FEI Number: 20-0056414

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

ETHERINGTON, LISA
15 PARADISE PLAZA #303
SARASOTA, FL 34239 US

Name and Address of New Registered Agent:

ETHERINGTON, LISA
15 PARADISE PLAZA #315
SARASOTA, FL 34239 US

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.

SIGNATURE:

04/01/2005

Electronic Signature of Registered Agent

Date

MANAGING MEMBERS/MEMBERS:

Title: MGR () Delete
Name: ETHERINGTON, LISA
Address: 15 PARADISE PLAZA #303
City-St-Zip: SARASOTA, FL 34239 US

Title: MGR () Delete
Name: KNAGGS, DAVID C
Address: 15 PARADISE PLAZA #303
City-St-Zip: SARASOTA, FL 34239 US

ADDITIONS/CHANGES:

Title: MGR (X) Change () Addition
Name: ETHERINGTON, LISA
Address: 15 PARADISE PLAZA #315
City-St-Zip: SARASOTA, FL 34239 US

Title: MGR (X) Change () Addition
Name: KNAGGS, DAVID C
Address: 15 PARADISE PLAZA #315
City-St-Zip: SARASOTA, FL 34239 US

I hereby certify that the information supplied with this filing does not qualify for the 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 electronic 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: LISA ETHERINGTON

MGR

04/01/2005

Electronic Signature of Signing Managing Member, Manager, or Authorized Representative / Date