2007 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Jan 08, 2007
Secretary of State

DOCUMENT# L03000021245

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 #315
SARASOTA, FL 34239

New Mailing Address:

1465 HILLVIEW DR
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 #315
SARASOTA, FL 34239 US

Name and Address of New Registered Agent:

ETHERINGTON, LISA
1465 HILLVIEW DR
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: 01/08/2007
Electronic Signature of Registered Agent Date

MANAGING MEMBERS/MANAGERS:

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

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

ADDITIONS/CHANGES:

Title: MGR (X) Change ( ) Addition
Name: ETHERINGTON, LISA
Address: 1465 HILLVIEW DR
City-St-Zip: SARASOTA, FL 34239 US

Title: MGR (X) Change ( ) Addition
Name: KNAGGS, DAVID C
Address: 1465 HILLVIEW DR
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 Chapter 119, 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 MISS 01/08/2007
Electronic Signature of Signing Managing Member, Manager, or Authorized Representative / Date