
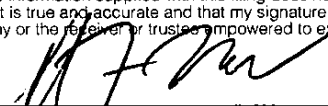


# 2005 LIMITED LIABILITY COMPANY ANNUAL REPORT

**FILED**  
**Apr 11, 2005 8:00 am**  
**Secretary of State**

04-11-2005 90048 044 \*\*\*\*50.00

**20028607**

|   |  |         |  |   |  |
|---|--|---------|--|---|--|
| <b>DOCUMENT # L03000022184</b><br>1. Entity Name<br><b>PERENNIAL HOLDING COMPANY, LLC</b>   |  |         |  |                                      |  |
| Principal Place of Business<br><b>7560 COMMERCE COURT<br/>SARASOTA, FL 34243</b>  |  |         | Mailing Address<br><b>7560 COMMERCE COURT<br/>SARASOTA, FL 34243</b> |   |  |
| 2. Principal Place of Business<br><br>Suite, Apt. #, etc.   |  |         | 3. Mailing Address<br><br>Suite, Apt. #, etc.                        |   |  |
| City & State  |  |         | City & State   |   |  |
| Zip   |  | Country |  | Zip   |  |
| Country   |  | Country |  | 4. FEI Number<br><b>20-0057578</b>  |  |
| 5. Certificate of Status Desired <input type="checkbox"/>   |  |         |  | <b>\$5.00</b> Additional Fee Required   |  |
| 6. Name and Address of Current Registered Agent<br><br><b>DRIS, MICHAEL E ESQ.<br/>29 NORTH PINELLAS AVE.<br/>TARPON SPRINGS, FL 34689</b>  |  |         |  | 7. Name and Address of New Registered Agent<br><br>Name<br>Street Address (P.O. Box Number is Not Acceptable)<br>City |  |
| 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.   |  |         |  | FL Zip Code   |  |
| SIGNATURE _____ (NOTE: Registered Agent signature required when reinstating) DATE _____   |  |         |  |   |  |
| <b>Filing Fee is \$50.00<br/>Due by May 1, 2005</b>   |  |         |  | <b>Make check payable to<br/>Florida Department of State</b>  |  |
| <b>9. MANAGING MEMBERS/MANAGERS</b>   |  |         | <b>10. ADDITIONS/CHANGES</b>   |   |  |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP  | <b>P HERRIG, STEVE</b><br><b>7560 COMMERCE CT</b><br><b>SARASOTA, FL 34243</b> |         | TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP                       | <input type="checkbox"/> Change <input type="checkbox"/> Addition   |  |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP  | <input type="checkbox"/> Delete  |         | TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP                       | <input type="checkbox"/> Change <input type="checkbox"/> Addition   |  |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP  | <input type="checkbox"/> Delete  |         | TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP                       | <input type="checkbox"/> Change <input type="checkbox"/> Addition   |  |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP  | <input type="checkbox"/> Delete  |         | TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP                       | <input type="checkbox"/> Change <input type="checkbox"/> Addition   |  |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP  | <input type="checkbox"/> Delete  |         | TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP                       | <input type="checkbox"/> Change <input type="checkbox"/> Addition   |  |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP  | <input type="checkbox"/> Delete  |         | TITLE<br>NAME<br>STREET ADDRESS<br>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. |  |         |  |   |  |
| <b>SIGNATURE:</b>    |  |         | <b>STEVE F. HERRIG</b>   |   |  |
| SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE   |  |         | Date <b>4/4/05</b> Daytime Phone # <b>941-925-2990</b>               |   |  |