


2006 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Apr 20, 2006 8:00 am
Secretary of State

04-20-2006 90035 036 ****50.00

DOCUMENT # L03000022184	
1. Entity Name PERENNIAL HOLDING COMPANY, LLC	

Principal Place of Business 7560 COMMERCE COURT SARASOTA, FL 34243	Mailing Address 7560 COMMERCE COURT SARASOTA, FL 34243
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20033739



2. Principal Place of Business <i>6407 PARKLAND DRIVE</i> Suite, Apt. #, etc.	3. Mailing Address <i>6407 PARKLAND DRIVE</i> Suite, Apt. #, etc.
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03022006 Chg-LLC CR2E083 (11/05)

City & State <i>SARASOTA, FL</i>	City & State <i>SARASOTA FL</i>
Zip <i>34243</i> Country <i>MAINTAIN</i>	Zip <i>34243</i> Country <i>MAINTAIN</i>

4. FEI Number 20-0057578	Applied For Not Applicable
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5. Certificate of Status Desired <input type="checkbox"/>	\$5.00 Additional Fee Required
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6. Name and Address of Current Registered Agent DRIS, MICHAEL E ESQ. 29 NORTH PINELLAS AVE. TARPON SPRINGS, FL 34689

7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City FL Zip Code

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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____

**Filing Fee is \$50.00
Due by May 1, 2006**

**Make check payable to
Florida Department of State**

9. MANAGING MEMBERS/MANAGERS		10. ADDITIONS/CHANGES	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P HERRIG, STEVE 7560 COMMERCE CT SARASOTA, FL 34243 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<i>6407 PARKLAND DRIVE</i> <i>SARASOTA, FL 34243</i> <input checked="" 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 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.

SIGNATURE: *[Signature]* **STEVE F. HERRIG** *4/10/06* *941-925-2990*
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE Date Daytime Phone #