

2008 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L03000026599

Entity Name: PEARTREE, LLC

FILED
Mar 13, 2008
Secretary of State

Current Principal Place of Business:

3400 S. TAMIAMI TRAIL
SUITE 202
SARASOTA, FL 34239 US

New Principal Place of Business:

5893 53RD AVE E
BRADENTON, FL 34203 US

Current Mailing Address:

3400 S. TAMIAMI TRAIL
SUITE 202
SARASOTA, FL 34239 US

New Mailing Address:

5893 53RD AVE E
BRADENTON, FL 34203 US

FEI Number: 38-3688561

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

LUZIER, THOMAS B
3400 S. TAMIAMI TRAIL
SUITE 202
SARASOTA, FL 34239 US

Name and Address of New Registered Agent:

FORD, PAULINE
5893 53RD AVE E
BRADENTON, FL 34203 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: PAULINE FORD

03/13/2008

Electronic Signature of Registered Agent

Date

MANAGING MEMBERS/MANAGERS:

Title: MGRM () Delete
Name: LUZIER, THOMAS B
Address: 3400 SOUTH TAMIAMI TRAIL, SUITE 202
City-St-Zip: SARASOTA, FL 34239 US

Title: MGR (X) Delete
Name: PAULINE, FORD
Address: 598 53RD AVE E
City-St-Zip: BRADENTON, FL 34203

ADDITIONS/CHANGES:

Title: MGRM (X) Change () Addition
Name: FORD, PAULINE
Address: 5893 53RD AVE E
City-St-Zip: BRADENTON, FL 34203 US

Title: () Change () Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify 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: PAULINE FORD

TR

03/13/2008

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