## 2005 LIMITED LIABILITY COMPANY ANNUAL REPORT

DO NOT WRITE IN THIS SPACE

## FILED Mar 07, 2005 08:00 AM Secretary of State

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PERRO PROPERTIES, LLC



Principal Place of Business

9 SUNSHINE BLVD. ORMOND BEACH, FL 32174 Mailing Address

9 SUNSHINE BLVD.

ORMOND BEACH, FL 32174



03022005 No Chg-LLC

CR2E083 (10/03)

4. FEI Number 20-0161689

Applied For Not Applicable

5. Certificate of Status Desired

\$5.00 Additional Fee Required

6. Name and Address of Current Registered Agent

TUTTLE, ROBERT J 9 SUNSHINE BLVD. ORMOND BEACH, FL 32174

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!	<u> </u>	The second secon
	named entity submits this statement for the purpose of changing its registe ions of registered agent	red office or registered agent, or both, in the State of Florida. I am familiar with, and accept
SIGNATURE.	Signature, typed or control name of registered agent and site if applicable. (NOTE, Register	gd Agent signature required when reinstating) DATE
Fi D	iling Fee is \$50.00 ue by May 1, 2005	
	5Th	Both Control of the
9.	MANAGING MEMBERS/MANAGERS	
TITLE NAME	MGRM EDWARDS, MARK	
STREET ADDRESS CITY-ST-ZIP	552 JOHN ANDERSON DRIVE ORMOND BEACH, FL 32176	U00000255043 03/07/05-80099-006 50.00
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM TUTTLE, ROBERT J 425 PINE BLUFF TRAIL ORMOND BEACH, FL 32174	- 03/01/03-80033-006 50.00
TITLE NAME STREET ADDRESS CITY-ST-ZIP		DO NOT WRITE
TITLE NAME STREET ADDRESS CITY-ST-ZIP		IN THIS SPACE
TITLE NAME STREET ADDRESS CITY-ST-ZIP		-
TITLE NAME STREET ANTHESS		

11. Thereby certify that the information supplied with this filling 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.

SIGNATURE:

CITY-ST-ZIP

386-676-1157

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBE