


**2005 LIMITED LIABILITY COMPANY
ANNUAL REPORT**

FILED

**Apr 27, 2005 08:00 AM
Secretary of State**

DOCUMENT # L03000028993 1. Entity Name PEGA MANAGEMENT, LLC	
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Principal Place of Business 13611 DEERING BAY DRIVE, STE. 401 CORAL GABLES, FL 33158	Mailing Address 13611 DEERING BAY DRIVE, STE. 401 CORAL GABLES, FL 33158
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03012005No Chg-LLC

CR2E083 (10/03)

DO NOT WRITE IN THIS SPACE

4. FEI Number NOT APPLICABLE	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$5.00 Additional Fee Required

6. Name and Address of Current Registered Agent KAYWIN, PAUL R 13611 DEERING BAY DRIVE, STE. 401 CORAL GABLES, FL 33158

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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 _____
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when rechartering) DATE _____

**Filing Fee is \$50.00
Due by May 1, 2005**

000000337110
04/27/05-80154-020 50.00

9. MANAGING MEMBERS/MANAGERS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P KAYWIN, PAUL R 13611 DEERING BAY DRIVE STE 401 CORAL GABLES, FL 33158
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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.

SIGNATURE: Paul R. Kaywin 4/26/05 305-969-6040
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, OR AUTHORIZED REPRESENTATIVE Date Daytime Phone #