

2005 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L03000033074

FILED
Mar 04, 2005
Secretary of State

Entity Name: PELRIMO I LIMITED LIABILITY COMPANY

Current Principal Place of Business:

801 12TH AVENUE SOUTH, STE. 300
NAPLES, FL 34102

New Principal Place of Business:

Current Mailing Address:

801 12TH AVENUE SOUTH, STE. 300
NAPLES, FL 34102

New Mailing Address:

FEI Number: 31-1826172

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

DEPASQUALE, VINCENT J
801 12TH AVENUE SOUTH, STE. 300
NAPLES, FL 34102 US

Name and Address of New Registered Agent:

DEPASQUALE, VIN J
801 12TH AVENUE SOUTH, STE. 300
NAPLES, FL 34102 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: VIN DEPASQUALE

03/04/2005

Electronic Signature of Registered Agent

Date

MANAGING MEMBERS/MEMBERS:

Title: MGR () Delete
Name: DEPASQUALE, VINCENT J
Address: 801 12TH AVENUE SOUTH, STE. 300
City-St-Zip: NAPLES, FL 34102

Title: MGR (X) Delete
Name: SCHRIVER, KENNEY H
Address: 804 BENTWOOD DRIVE
City-St-Zip: NAPLES, FL 34108

ADDITIONS/CHANGES:

Title: MGR (X) Change () Addition
Name: DEPASQUALE, VIN J
Address: 801 12TH AVENUE SOUTH, STE. 300
City-St-Zip: NAPLES, FL 34102

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

I hereby certify that the information supplied with this filing does not qualify for the 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 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: VIN DEPASQUALE

MGR

03/04/2005

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