2009 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Mar 19, 2009
Secretary of State

DOCUMENT# L03000034181

Entity Name: PERRI ALLEN PROPERTIES, LLC

Current Principal Place of Business:

23 VALENZA AVENUE
BLAUVELT, NY 10913

New Principal Place of Business:

4225 MASON LANE
SACRAMENTO, CA 95821

Current Mailing Address:

23 VALENZA AVENUE
BLAUVELT, NY 10913

New Mailing Address:

4225 MASON LANE
SACRAMENTO, CA 95821

FEI Number: 33-1071163 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

STONE COVE APARTMENTS
630 W. POPE ROAD #38
ST. AUGUSTINE, FL 32080 US

Name and Address of New Registered Agent:

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: _____

Electronic Signature of Registered Agent Date

MANAGING MEMBERS/MANAGERS:

Title: MR. ( ) Delete
Name: KINGMAN, WILLIAM P MGRM
Address: 23 VALENZA AVENUE
City-St-Zip: BLAUVELT, NY 10913

Title: MR. (X) Delete
Name: MCCORMICK, DON A MGR
Address: 23 VALENZA AVENUE
City-St-Zip: BLAUVELT, NY 10913

ADDITIONS/CHANGES:

Title: MR. (X) Change ( ) Addition
Name: KINGMAN, WILLIAM P MGRM
Address: 4225 MASON LANE
City-St-Zip: SACRAMENTO, CA 95821

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: BILL KINGMAN MGMR 03/19/2009

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