

2006 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L03000037806

Entity Name: PERSEUS BOUND, LLC

FILED
Feb 08, 2006
Secretary of State

Current Principal Place of Business:

1 S.E. THIRD AVENUE
2110
MIAMI, FL 33131 US

New Principal Place of Business:

Current Mailing Address:

1 S.E. THIRD AVENUE
2110
MIAMI, FL 33131 US

New Mailing Address:

FEI Number: 11-3704998

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

WEINFELD, ROY L
1 S.E. THIRD AVENUE
2110
MIAMI, FL 33131 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: MGRM () Delete
Name: WEINFELD, ROY L
Address: 1 S.E. THIRD AVE., #2110
City-St-Zip: MIAMI, FL 33131 US

Title: MGRM () Delete
Name: AD ASTRA, CORP. OF C, ORAL GABLES
Address: PO BOX 143392
City-St-Zip: CORAL GABLES, FL 33114 US

Title: MGRM (X) Delete
Name: ABOOD, JOSEPH
Address: PO BOX 330077
City-St-Zip: MIAMI, FL 33233 US

ADDITIONS/CHANGES:

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

Title: MGRM (X) Change () Addition
Name: ABOOD, JOESPH
Address: P.O. BOX 330077
City-St-Zip: MIAMI, FL 33233 US

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 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: ROY L. WEINFELD

MGRM

02/08/2006

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