

# 2005 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L03000042489

FILED  
Apr 16, 2005  
Secretary of State

Entity Name: PIERRE AND ASSOCIATES L.L.C.

**Current Principal Place of Business:**

6807 TORCH KEY STREET  
LAKE WORTH, FL 33467

**New Principal Place of Business:**

100 LINTON BLVD SUITE 300A  
DELRAY BEACH, FL 33483

**Current Mailing Address:**

6807 TORCH KEY STREET  
LAKE WORTH, FL 33467

**New Mailing Address:**

FEI Number: 20-0435414

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

**Name and Address of Current Registered Agent:**

PIERRE, CHARLES J  
6807 TORCH KEY STREET  
LAKE WORTH, FL 33467 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/MEMBERS:**

Title: MGR ( ) Delete  
Name: PIERRE, CHARLES J  
Address: 1050 S. FEDERAL HIGHWAY SUITE 140  
City-St-Zip: DELRAY BEACH, FL 33483

Title: ( ) Delete  
Name:  
Address:  
City-St-Zip:

**ADDITIONS/CHANGES:**

Title: MGRM (X) Change ( ) Addition  
Name: PIERRE, CHARLES J  
Address: 6807 TORCH KEY STREET  
City-St-Zip: LAKE WORTH, FL 33467

Title: MGR ( ) Change (X) Addition  
Name: PIERRE, MARIE D  
Address: 6807 TORCH KEY STREET  
City-St-Zip: LAKE WORTH, FL 33467

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: CHARLES J. PIERRE

MGRM

04/16/2005

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