

2006 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Apr 20, 2006 8:00 am
Secretary of State

04-20-2006 90023 007 ****50.00

DOCUMENT # L03000043289 1. Entity Name PEGASUS INVESTMENTS OF FLORIDA, L.L.C.			
Principal Place of Business 811 EAST OCEAN BLVD. STUART, FL 34994		Mailing Address 811 EAST OCEAN BLVD. STUART, FL 34994	
2. Principal Place of Business 735 Colorado Ave		3. Mailing Address 735 Colorado Ave	
Suite, Apt. #, etc. Suite 1		Suite, Apt. #, etc. Suite 1	
City & State Stuart FL		City & State Stuart, FL	
Zip 34994		Zip 34994	
Country USA		Country USA	
4. FEI Number 55-0852431		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 DERRENBACHER, DAVID 811 EAST OCEAN BLVD. STUART, FL 34994		7. Name and Address of New Registered Agent Name David B. Derrenbacher Street Address (P.O. Box Number is Not Acceptable) 735 Colorado Ave Suite 1 City Stuart FL Zip Code 34994	
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 <u><i>David B. Derrenbacher</i></u> 4/17/06 <small>Signature, typed or printed name of registered agent, and title if applicable. (NOTE: Registered Agent signature required when reinstating.) DATE</small>			
Filing Fee is \$50.00 Due by May 1, 2006		Make check payable to Florida Department of State	
9. MANAGING MEMBERS/MANAGERS		10. ADDITIONS/CHANGES	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM DERRENBACHER, DAVID 811 EAST OCEAN BLVD. STUART, FL 34994	TITLE NAME STREET ADDRESS CITY-ST-ZIP	735 Colorado Ave Suite 1 Stuart FL 34994
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM SALA, NESTOR R 811 EAST OCEAN BLVD. STUART, FL 34994	TITLE NAME STREET ADDRESS CITY-ST-ZIP	735 Colorado Ave Suite 1 Stuart FL 34994
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11. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, 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 606, Florida Statutes.			
SIGNATURE: <u><i>David B. Derrenbacher</i></u>		4/17/06 772-220-4343	
<small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE</small>		<small>Date Daytime Phone #</small>	