

# 2006 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L03000048069

FILED  
Apr 28, 2006  
Secretary of State

Entity Name: PELL PLACE LLC

**Current Principal Place of Business:**

870 SUNSHINE LANE  
ALTAMONTE SPRINGS, FL 32714 US

**New Principal Place of Business:**

950 S WINTER PARK DRIVE  
SUITE 350  
CASSELBERRY, FL 32707 US

**Current Mailing Address:**

870 SUNSHINE LANE  
ALTAMONET SPRINGS, FL 32714 US

**New Mailing Address:**

950 S WINTER PARK DRIVE  
SUITE 350  
CASSELBERRY, FL 32707 US

FEI Number: 20-1513497

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

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

HAGEN, DEBORAH D  
950 S. WINTER PARK DRIVE  
SUITE 350  
CASSELBERRY, FL 32707 US

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

HAGEN, DEBORAH D  
950 S WINTER PARK DRIVE  
SUITE 350  
CASSELBERRY, FL 32707 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: DEBORAH D HAGEN

04/28/2006

Electronic Signature of Registered Agent

Date

**MANAGING MEMBERS/MANAGERS:**

Title: MGRM ( ) Delete  
Name: HAGEN, DEBORAH D  
Address: 950 S. WINTER PARK DRIVE, SUITE 350  
City-St-Zip: CASSELBERRY, FL 32707

Title: MGRM ( ) Delete  
Name: NICHOLSON, ANTHONY J  
Address: 870 SUNSHINE LANE  
City-St-Zip: ALTAMONTE SPRINGS, FL 32714

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

**ADDITIONS/CHANGES:**

Title: MGRM (X) Change ( ) Addition  
Name: HAGEN, DEBORAH D  
Address: 950 S WINTER PARK DRIVE SUITE 350  
City-St-Zip: CASSELBERRY, FL 32707

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

Title: MGRM ( ) Change (X) Addition  
Name: BERCON CORP,  
Address: 7031 GRAND NATIONAL DR STE 106B  
City-St-Zip: ORLANDO, FL 32819

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: DEBORAH D HAGEN

MGRM

04/28/2006

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