

# 2005 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L03000049239

FILED  
May 11, 2005  
Secretary of State

**Entity Name:** LITTLE PEAR TREES ENTERPRISES, LLC

**Current Principal Place of Business:**

9923 BAY DRIVE  
GIBSONTON, FL 33534

**New Principal Place of Business:**

**Current Mailing Address:**

9923 BAY DRIVE  
GIBSONTON, FL 33534

**New Mailing Address:**

**FEI Number:** 20-0965803      **FEI Number Applied For ( )**      **FEI Number Not Applicable ( )**      **Certificate of Status Desired ( )**  
In accordance with s. 607.193(2)(b), F.S., the limited liability company did not receive the prior notice.

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

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

EDENFIELD, MICHAEL S  
BATTLE & EDENFIELD, P.A.  
206 MASON STREET  
BRANDON, FL 335115212 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:

Electronic Signature of Registered Agent

Date

**MANAGING MEMBERS/MEMBERS:**

Title: MGRM ( ) Delete  
Name: BOND, SUSAN  
Address: 9923 BAY DRIVE  
City-St-Zip: GIBSONTON, FL 33534

Title: MGRM ( ) Delete  
Name: NOVO, CARLOS ALBERTO  
Address: 9923 BAY DRIVE  
City-St-Zip: GIBSONTON, FL 33534

**ADDITIONS/CHANGES:**

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

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 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: SUSAN BOND

MGRM

05/11/2005

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