
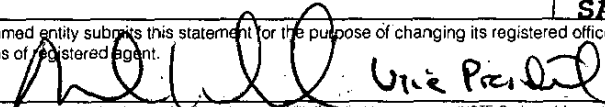
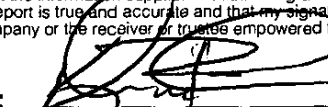


2004 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Apr 26, 2004 8:00 am
Secretary of State

04-26-2004 90060 019 ****50.00

DOCUMENT # L03000055454 1. Entity Name PERKFECTION, LLC					
Principal Place of Business 46 NORTH WASHINGTON BOULEVARD #1 SARASOTA, FL 34236			Mailing Address 46 NORTH WASHINGTON BOULEVARD #1 SARASOTA, FL 34236		
2. Principal Place of Business 452 PICASSO ROAD Suite, Apt. #, etc.		3. Mailing Address 46 N. WASHINGTON BLVD. Suite, Apt. #, etc.			
City & State NOKOMIS FL Zip 34275		City & State Country		4. FEI Number 04072004 Chg-LLC CR2E083 (10/03)	
5. Certificate of Status Desired <input type="checkbox"/> \$5.00 Additional Fee Required		6. Name and Address of Current Registered Agent SIEGEL, MICHAEL E 46 N. WASHINGTON BLVD., SUITE 1 SARASOTA, FL 34236			
7. Name and Address of New Registered Agent Name LPS CORPORATE SERVICES, INC. Street Address (P.O. Box Number is Not Acceptable) 46 N. WASHINGTON BLVD. SUITE 1 City SARASOTA, FL		Zip Code 34236			
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  BY: MICHAEL E. SIEGEL, its Vice President					
Filing Fee is \$50.00 Due by May 1, 2004		Make check payable to Florida Department of State			
9. MANAGING MEMBERS/MANAGERS			10. ADDITIONS/CHANGES		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition	
MGRM BAKER, KEVIN 452 Picasso Road Nokomis, FL 34275			MGRM BAKER, CARLA 452 Picasso Road Nokomis, FL 34275		
MGRM BAKER, CARLA 452 Picasso Road Nokomis, FL 34275			MGRM BAKER, CARLA 452 Picasso Road Nokomis, FL 34275		
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11. I hereby certify that the information supplied with this filing does not qualify 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 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: 				(941) 918-8255	
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE KEVIN BAKER, MGRM					