2004 LIMITED LIABILITY COMPANY ANNUAL REPORT

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

DOCUMENT # L03000055454 1. Entity Name PERKFECTION, LLC Principal Place of Business Mailing Address					(04-26-2004 9 	0060 019	****50.	.00
Principal Place									
46 NORTH WAHINGTON BOULEVARD 46 NORTH WAHINGT			BOULEVARD						
SARASOTA, F	L 34236	ŠARASOTA, FL 34236							
,	lace of Business	3. Mailing Address)				
Suite, Apt.	ICASSO ROAD #, etc.	46 N. WASHINGTON BLVD Suite, Apt. #, etc.			072004	Chg-LLC	CR2E083	(10/03)	
City & State		City & State			FEI Number				olied For Applicable
Zip 34275	Country	Zip Country			Certificate of	Status Desired		5.00 Addi	tional
	6. Name and Address of Current	Registered Agent		7. N	Name and A	dress of New Ro			
OUTOF! M	LOUATE E		Name	CODDO	ND A ME	CRDUTCE:	C TNC		.
	HICHAEL E SHINGTON BLVD., SUITE 1 A, FL 34236	LPS CORPORATE SERVICES, INC. Street Address (P.O. Box Number is Not Acceptable) 46 N. WASHINGTON BLVD.							
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	_		City	ASOTA,	FT.		FL	Zip Code	
8. The above	named entity submits this statement to	r the pulpose of changing its re	egistered office or	registered ag	ent, or both,	in the State of Flo	rida. I am fan		
the obligations of registered agent. Unix Prantill SIGNATURE									
Signature, typed or printed name of registered agent and title if approache. (NOTE: Registered Agent signature required when reinstating) BY: MICHAEL E. SIEGEL, its Vice President									
Filing Fee is \$50.00 Make check payable to									
Di	ue by May 1, 2004	{ \\ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \				Florida	Departmen	t of State	21.50
9. 32 4	MANAGING MEMBE	RS/MANAGERS	10.		 l	ADDITIONS/	CHANGES		
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CITY-ST-ZIP	certify that the information supplied with	this filing does not qualify for	the exemption sta	ted in Section	119.07(3)(i)	Florida Statutes, I	further certify	that the in	formation
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 truetee empowered to execute this report as required by Chapter 608, Florida Statutes.									
(941) 918-8255									
SIGNATURE:									
SIGNATURE DO TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE DSIS Dayling Phone #									
	"TATIN_DWITH	110171							