

**2006 LIMITED LIABILITY COMPANY  
ANNUAL REPORT**

**FILED**  
**Mar 09, 2006 08:00 AM**  
**Secretary of State**

**DOCUMENT # L04000001424**

**1. Entity Name**  
**THE PERRY JOSLIN PROJECT, LLC**



**Principal Place of Business**  
**6298 NW 62ND TERRACE**  
**PARKLAND, FL 33067**

**Mailing Address**  
**6298 NW 62ND TERRACE**  
**PARKLAND, FL 33067**



02132006 No Chg-LLC

CR2E063 (11/05)

**DO NOT WRITE IN THIS SPACE**

**4. FEI Number**  
**80-0091226**

**Applied For**  
**Not Applicable**

**5. Certificate of Status Desired**



**\$5.00 Additional**  
**Fee Required**

**6. Name and Address of Current Registered Agent**

**CATON, RICHARD P**  
**9075 SEMINOLE BOULEVARD**  
**SEMINOLE, FL 33772**

**DO NOT WRITE**  
**IN THIS SPACE**

**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**

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating.)

DATE

**Filing Fee is \$50.00**  
**Due by May 1, 2006**

1100000461487  
03/20/06-80051-011 50.00

**9. MANAGING MEMBERS/MANAGERS**

**TITLE**  
**NAME**  
**STREET ADDRESS**  
**CITY-ST-ZIP**  
**MGR**  
**JOSLIN, PERRY**  
**6298 NW 62ND TERRACE**  
**PARKLAND, FL 33067**

**TITLE**  
**NAME**  
**STREET ADDRESS**  
**CITY-ST-ZIP**  
**MGR**  
**PANKEY, THOMAS W**  
**6298 NW 62ND TERRACE**  
**PARKLAND, FL 33067**

**TITLE**  
**NAME**  
**STREET ADDRESS**  
**CITY-ST-ZIP**

**TITLE**  
**NAME**  
**STREET ADDRESS**  
**CITY-ST-ZIP**

**TITLE**  
**NAME**  
**STREET ADDRESS**  
**CITY-ST-ZIP**

**TITLE**  
**NAME**  
**STREET ADDRESS**  
**CITY-ST-ZIP**

**DO NOT WRITE**  
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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**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, OR AUTHORIZED REPRESENTATIVE

**3-7-06** **954-341-5151**

Date

Daytime Phone