


# 2005 LIMITED LIABILITY COMPANY ANNUAL REPORT

**FILED**  
**Feb 22, 2005 8:00 am**  
**Secretary of State**

02-22-2005 90070 040 \*\*\*\*55.00

<b>DOCUMENT # L04000007908</b>	
1. Entity Name <b>PERFECT HOME REALTY, LLC</b>	

Principal Place of Business <b>4200 STEAMBOAT BEND SUITE 502 FORT MYERS, FL 33919 US</b>	Mailing Address <b>4200 STEAMBOAT BEND SUITE 502 FORT MYERS, FL 33919 US</b>
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2. Principal Place of Business <b>11595 KELLY RD.</b>	3. Mailing Address <b>P.O. Box 07415</b>
Suite, Apt. #, etc.	Suite, Apt. #, etc.

02172005 Chg-LLC CR2E083 (10/03)

City & State <b>FORT MYERS, FL</b>	City & State <b>FORT MYERS, FL</b>
Zip <b>33908</b>	Zip <b>33919</b>
Country <b>LEE</b>	Country <b>LEE</b>

4. FEI Number <b>20-0721362</b>	Applied For <input type="checkbox"/> Not Applicable
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5. Certificate of Status Desired <input checked="" type="checkbox"/> \$5.00 Additional Fee Required
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6. Name and Address of Current Registered Agent <b>MONTGOMERY, ROBERT L 4200 STEAMBOAT BEND SUITE 502 FORT MYERS, FL 33919</b>		7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City <b>FL</b> Zip Code	
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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, 2005**

**Make check payable to  
Florida Department of State**

9. MANAGING MEMBERS/MANAGERS		10. ADDITIONS/CHANGES	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM MONTGOMERY, ROBERT L 4200 STEAMBOAT BEND FORT MYERS, FL 33919 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM MONTGOMERY, DOLORES JEAN 697 CIELO VISTA DRIVE GREENWOOD, INDIANA 46143 <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM ZUKERMAN, ALLAN B 2216 EMILY DRIVE INDIANAPOLIS, IN 46260 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM BRIDWELL, GEORGE T. 1864 BRADDOCK AVE. NORTH PORT, FL. 34285 <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM BREEDLOVE, REX D 4160 STEAMBOAT BEND, EAST # 104 FORT MYERS, FL 33919 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition

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** *Rex D. Breedlove*, **REX D. BREEDLOVE, MGRM** **2-17-05** **239-839-3884**  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE Date Daytime Phone #

**239-839-3884**