


# 2005 LIMITED LIABILITY COMPANY ANNUAL REPORT (AR)

**FILED**  
**Apr 27, 2005 8:00 am**  
**Secretary of State**

04-27-2005 90024 023 \*\*\*\*\*50.00

DOCUMENT # <b>L04000009277</b>	
1. Entity Name <b>DANIEL T PEREZ LLC</b>	

Principal Place of Business <b>4580 DISCOVERY LANE VILLA 22 WEST PALM BEACH FL 33417</b>	Mailing Address <b>4580 DISCOVERY LANE VILLA 22 WEST PALM BEACH FL 33417</b>
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1st MOORE      CR2E083 (10/04)

2. Principal Place of Business <b>SAME AS</b>	3. Mailing Address <b>SAME AS</b>	Suite, Apt. #, etc. <b>ABOVE</b>	City & State <b>ABOVE</b>
Suite, Apt. #, etc. <b>ABOVE</b>	City & State <b>ABOVE</b>	City & State	City & State
Zip	Country	Zip	Country

4. FEI Number <b>020642080</b>	Applied For <input type="checkbox"/> Not Applicable
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5. Certificate of Status Desired <input type="checkbox"/>	<b>\$5.00</b> Additional Fee Required
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<b>6. Name and Address of Current Registered Agent</b>	<b>7. Name and Address of New Registered Agent</b>
<b>MATTHEWS, JAMES 3515 VILLAGE BLVD SUITE 205 WEST PALM BEACH FL 33409</b>	Name
	Street Address (P.O. Box Number is Not Acceptable)
	City <span style="float: right;"><b>FL</b></span> Zip Code

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 <i>Daniel T. Perez</i>	DATE <b>4-20-05</b>
Signature, typed or printed name of registered agent and title, if applicable	(NOTE: Registered Agent signature required when re-registering)

FILE NOW!!! FEE IS \$50.00  
Make Check Payable to Florida Department of State  
Due By May 1, 2005

9. MANAGING MEMBERS/MANAGERS	
TITLE	<b>MGR</b> <input type="checkbox"/> Delete
NAME	<b>PEREZ, DANIEL</b>
STREET ADDRESS	<b>4580 DISCOVERY LANE VILLA 22</b>
CITY-ST-ZIP	<b>WEST PALM BEACH FL 33417</b>
TITLE	<input type="checkbox"/> Delete
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Delete
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Delete
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Delete
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

10. ADDITIONS/CHANGES	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

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: <i>Daniel T. Perez</i>	DATE <b>4-20-05</b>
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE	Date      Daytime Phone #