FILED **2006 LIMITED LIABILITY COMPANY** Mar 20, 2006 08:00 AM **ANNUAL REPORT Secretary of State DOCUMENT # L04000023501** 1. Entity Name PERLAS, LLC Principal Place of Business Mailing Address P.O. BOX 33611 2312 TIMBERLINE DRIVE MELBOURNE, FL 32934 INDIALANTIC, FL 32903-0611 01042006 No Chg-LLC CRZE083 (11/05) DO NOT WRITE IN THIS SPACE Applied For 4. FEI Number 76-0755497 Not Applicable \$5.00 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent LARKIN, DAVID G 1900 S. HICKORY STREET, STE. A DO NOT WRITE MELBOURNE, FL 32901 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. \$901E. Registered Agent signature required when reinstatings DATE Filing Fee is \$50.00 Que by May 1, 2006 MANAGING MEMBERS/MANAGERS MGR TITLE ZIZZO, ANTHONY MAME STREET ADDRESS 2312 TIMBERLINE DRIVE CITY -ST-ZIP MELBOURNE, FL 32934 BILE OGGLIARO, JOHN STREET ADDRESS PO BOX 33611 CHTY-ST-ZIP INDIALANTIC, FL 32903 NAME STREET ADDRESS DO NOT WRITE CITY -ST - ZEP TITLE IN THIS SPACE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-7/P IIILE NAME STREET ADDRESS CITY-ST-INF

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 608, Florida Statutes.

SIGNATURE AND THEED OF PRINTED HAVE OF MENING MANAGING MEMBER, OR AUTHORIZED REPRESENTATIVE