


2006 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Apr 17, 2006 8:00 am
Secretary of State

04-17-2006 90051 021 ****50.00

DOCUMENT # L04000034949		
1. Entity Name PEWS PROPERTIES, LLC		

Principal Place of Business 8985 FONTANA DEL SOL WAY NAPLES, FL 34109	Mailing Address 8985 FONTANA DEL SOL WAY NAPLES, FL 34109
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2. Principal Place of Business 7744 Gardner Dr.	3. Mailing Address 7744 Gardner Dr.
Suite, Apt. #, etc. #202	Suite, Apt. #, etc. #202
City & State Naples, FL	City & State Naples, FL
Zip 34109	Zip 34109
Country USA	Country USA



01082006 Chg-LLC CR2E083 (11/05)

4. FEI Number 54-2152106	Applied For <input type="checkbox"/> Not Applicable
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5. Certificate of Status Desired <input type="checkbox"/>	\$5.00 Additional Fee Required
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6. Name and Address of Current Registered Agent	
PEWS, JAMES R 7744 GARDNER DRIVE, #202 NAPLES, FL 34109	

7. Name and Address of New Registered Agent	
Name	
Street Address (P.O. Box Number is Not Acceptable)	
City	
FL	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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____

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

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

9. MANAGING MEMBERS/MANAGERS		10. ADDITIONS/CHANGES	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM PEWS, JAMES R 8985 FONTANA DEL SOL WAY NAPLES, FL 34109 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	7744 Gardner Dr #202 Naples, FL 34109 <input checked="" 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
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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 608, Florida Statutes.

SIGNATURE: J. Pews, MGRM (James R. Pews) **4-13-2006 239-287-2955**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE Date Daytime Phone #