2006 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED Mar 22, 2006 8:00 am Secretary of State

DOCUMENT # L04000052865 1. Entity Name PERMAR, LLC					03-22-2006 90286 045 ****50.00					
Principal Place of Business Mailing Address					1					
1962 SOUTH WELLINGTON	I CLUB DRIVE I, FL 33414 US	1962 SOUTH CLUB DRIVE WELLINGTON, FL 33414 US				IPM RISH 25M BRAN GAM	ı deiti ente sikel itli	n stiki dil		
2. Principal Place of Business		3. Mailing Address								
Suite, Apt. #, etc.		Suite, Apt. #, etc.		01232006	Chg-LLC	CR2E083 (1	1/05)			
City & State		City & State		4. FEI Numbe 20-2446			\vdash	plied For t Applicable		
Zip 	Country	Zip	Countr			of Status Desired	Feef	00 Add Requires		
	6. Name and Address of Current R	legistered Agent		Name	7. Name and	Address of New R	egistered Agent	<u> </u>		
SINGER, MICHAEL S ESQ 3801 PGA BOULEVARD					et Address (P.O. Box Number is Not Acceptable)					
SUITE 604										
				City			FL Z	ip Code	3	
The above named antity submits this statement for the surpass of shancing its society				ed effice or societa	read agent or hell	a in the Clate of Ele				
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										
	iling Fee is \$50.00 ue by May 1, 2006					Maki	check payab Department o			
9.	MANAGING MEMBERS/MANAGERS		10.			ADDITIONS/	CHANGES			
TITLE			TITL!	·				Change	Addition	
name Street address	· '	· · · · · · · · · · · · · · · · · · ·		ET ADDRESS						
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STREET ADDRESS				ET ADDRESS						
CITY-ST-ZIP				-ST-ZIP		····				
11. I hereby	certify that the information supplied with t	his filing does not qualify for	the exe	mptions contained	l in Chapter 119, f	lorida Statutes. I fu	rther certify that	the info	mation	

11. I hereby certify that the information supplied with this filling does not qualify for the exemptions contained in Chapter 119, Honda 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 eath; 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: **** AUDITURUS POINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESI

3/19/06

541-753963

Daytima Phone #