## **2005 LIMITED LIABILITY COMPANY ANNUAL REPORT**

**DOCUMENT # L04000053194** FILED THE PEARL GROUP, LLC 05 FEB 21 PM 5:47 SECRETARY U. SIALE Principal Place of Business Mailing Address 231 SUNRISE AVENUE 231 SUNRISE AVENUE PALM BEACH, FL 33480 US PALM BEACH, FL 33480 02122005 No Chg-LLC CR2E083 (10/03) DO NOT WRITE IN THIS SPACE 4. FEI Number Applied For 33-1096881 Not Applicable \$5.00 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent ----PEARL, TARA E DO NOT WRITE 231 SUNRISE AVENUE PALM BEACH, FL 33480 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, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) Filing Fee is \$50.00 Due by May 1, 2005 MANAGING MEMBERS/MANAGERS 9. MGRM TITLE PEARL, TARA E 500047254166 02/25/05--01003--001 \*\*400.00 231 SUNRISE AVENUE STREET ADDRESS CITY-ST-ZIP PALM BEACH, FL 33480 TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS DO NOT WRITE CITY-ST-ZIP IN THIS SPACE TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE : NAME STREET ADDRESS CITY-ST-ZIP TITLE

11. I hereby certify that the information supplied with this filing does not qualify ter 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.

ME OF SIGNING MANAGING MEMBER, OR AUTHORIZED REPRESENTATIVE SIGNATURE AND TYPED OR PRINTED NA

NAME STREET ADDRESS CITY-ST-ZIP

571-823-0238

Daytime Phone #