


2006 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Jan 26, 2006 8:00 am
Secretary of State

01-26-2006 90069 007 ****50.00

DOCUMENT # L04000056321							
1. Entity Name FIRST PEARL ACQUISITIONS, L.L.C.							
Principal Place of Business 286 SPRINGLINE DRIVE NAPLES, FL 34102			Mailing Address 286 SPRINGLINE DRIVE NAPLES, FL 34102				
2. Principal Place of Business 8898 SR A1A Suite, Apt. #, etc.		3. Mailing Address 8898 SR A1A Suite, Apt. #, etc.					
City & State MELBOURNE BEACH, FL Zip 32951 Country USA		City & State MELBOURNE BEACH, FL Zip 32951 Country USA		4. FEI Number 13-4291830 <table border="1" style="float: right; width: 100px;"> <tr> <td>Applied For</td> </tr> <tr> <td>Not Applicable</td> </tr> </table>		Applied For	Not Applicable
Applied For							
Not Applicable							
5. Certificate of Status Desired <input type="checkbox"/> \$5.00 Additional Fee Required				01232006 Chg-LLC CR2E083 (11/05)			
6. Name and Address of Current Registered Agent SKRIVAN, KENT A ESQ. C/O LAW OFFICES OF KENT A. SKRIVAN, PLLC 801 LAUREL OAK DRIVE, SUITE 705 NAPLES, FL 34108			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 <u>KENT A SKRIVAN</u> DATE <u>1/23/2006</u> <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)</small>							
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 SPAHR, STEPHEN J 286 SPRINGLINE DRIVE NAPLES, FL 34102	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM ROBSON, JOHN R 104 SEA GRAPE MELBOURNE BEACH, FL 32951	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input 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			
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: <u>[Signature]</u> <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE</small>			1/23/2006		321 676 0727 <small>Daytime Phone #</small>		