

# 2007 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L05000025974

FILED  
Apr 06, 2007  
Secretary of State

Entity Name: PERFECT NEIGHBORS, LLC

## Current Principal Place of Business:

5331 PAYLOR LANE  
SUITE 100  
SARASOTA, 34 34240

## New Principal Place of Business:

## Current Mailing Address:

5331 PAYLOR LANE  
SUITE 100  
SARASOTA, 34 34240

## New Mailing Address:

FEI Number: 20-2519380

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

## Name and Address of Current Registered Agent:

SHEA, JOHN J  
2940 SOUTH TAMIAMI TRAIL  
SARASOTA, FL 34239 US

## Name and Address of New Registered Agent:

SHARMAN, MARK S  
5331 PAYLOR LANE  
SUITE 100  
SARASOTA, FL 34240 US

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.

SIGNATURE: MARK S SHARMAN

04/06/2007

Electronic Signature of Registered Agent

Date

## MANAGING MEMBERS/MANAGERS:

Title: MGRM ( ) Delete  
Name: SHARMAN, MARK S MR  
Address: 7332 RIVIERA COVE  
City-St-Zip: BRADENTON, FL 34202 US

Title: MGRM ( ) Delete  
Name: ASHBY, SUSAN C MRS  
Address: 166 BROADMOOR LN  
City-St-Zip: ROTONDA WEST, FL 33947 US

## ADDITIONS/CHANGES:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: MGRM (X) Change ( ) Addition  
Name: ASHBY, SUSAN C MRS  
Address: 7332 RIVIERA COVE  
City-St-Zip: BRADENTON, FL 34202 US

I hereby certify that the information supplied with this filing does not qualify for the for the exemption stated in Chapter 119, Florida Statutes. I further certify that the information indicated on this report is true and accurate and that my electronic 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: MARK S SHARMAN

VP

04/06/2007

Electronic Signature of Signing Managing Member, Manager, or Authorized Representative / Date