2006 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED Jul 17, 2006 8:00 am Secretary of State 07-05-2006 90105 009 ****50.00

| DOCUMENT # L05000029408 1. Entity Name PE GROUP, LLC | | | | | | 07-05-2006 90105 009 *****50.00 | |
|---|---|--|---|---|-------------------------|--|--|
| Principal Place of Business Mailing Address | | | | <u> </u> | | | |
| 1308 BRIERCLIFF DRIVE ORLANDO, FL 32806 | | 1308 BRIERCLIFF DRIVE ORLANDO, FL 32806 | | | 30011943 | | |
| 2. Principal Place of Business | | 3. Mailing Address | | | | | |
| Suite, Apt. #, etc. | | Suite, Apt. #, etc. | | 07012006 | Chg-LLC CR2E083 (11/05) | | |
| City & State | | City & State | | 4. FEI Number 20 – 25 8 7 430 Applied For Not Applied For | | | |
| Zip | Country | Zip | <u> </u> | | | e of Status Desired S5.00 Additional Fee Required | |
| S. Name and Address of Current Registered Agent | | | | 7. Name and Address of New Registered Agent Name | | | |
| PAYMAYESH, 1308 BRIERCL | | | | P.O. Box Number is Not Acceptable) | | | |
| ORLANDO, FL | | | | | | | |
| | • | | | City | $-\!\!\!/-$ | Zip Code | |
| The shows pared splits a bright this statement for the purpose of changing in spling and office as proposed over the bulk to be Countried. | | | | | | | |
| the obligations of registered agent the best to the pulpose of clarifying its registered agent, or boin, in the State of Florida. Tam farming with, and accept the obligations of registered agent, or boin, in the State of Florida. Tam farming with, and accept the obligations of registered agent, or boin, in the State of Florida. Tam farming with, and accept the obligations of registered agent, or boin, in the State of Florida. Tam farming with, and accept the obligations of registered agent, or boin, in the State of Florida. | | | | | | | |
| Signatu | ure, typed or printed name of registered agent i | and title if applicable (NO | TE: Registere | d Agent signature required | when reinstating) | DATE (0 - 30 - 0-1) | |
| Filing Fee is \$50.00 Due by September 6, 2006 | | | | | | Make check payable to Florida Department of State | |
| 9. | MANAGING MEMBE | | 10. | · · · · · · · · · · · · · · · · · · · | | ADDITIONS/CHANGES | |
| | GRM YMAYESH, ROBERT | ☐ Delete | TITLE | 1 | | Change Addition | |
| 1 | 18 BRIERCLIFF DRIVE LANDO, FL 32806 | | | ET ADORESS -ST-ZIP | | | |
| DILE | LANDO, PL 32800 | ☐ Delete | | -31-21 | | ☐ Change ☐ Addition | |
| NAME STREET ADDRESS | | | | MET ADDRESS | | | |
| CITY-ST-ZIP | | | CITY | ·ST-ZIP | | | |
| TITLE NAME | □ Defete | | TITLE | | | ☐ Change ☐ Addition | |
| STREET ADDRESS CITY-ST-ZIP | | | STRE | ET ADDRESS -ST-ZIP | | | |
| TITLE | | ☐ Deleta | ITTLE | | | ☐ Change ☐ Addition | |
| NAME | | <i>,</i> – | | | | | |
| 1 | | | NAM: STRE | | / | / | |
| STREET ADDRESS CITY-ST-ZIP | | | STRE | E ET ADORESS - ST-ZIP | | | |
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| STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP | | □ Delete | STRE CITY- TITLE NAME STRE CITY- | ET ADDRESS ST-ZEP E ADDRESS -S1-ZEP | | | |
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| STREEL ADDRESS CITY-ST-ZIP TITLE NAME STREEL ADDRESS CITY-ST-ZIP TITLE NAME STREEL ADDRESS CITY-ST-ZIP 11. L hereby certify | that the information supplied with | Delete Delete Delete | STREE CITY- STREE CITY- TITLE NAME STREE CITY- TITLE NAME STREE CITY- OF the exercise | EI ADDRESS -ST-ZIP EI ADDRESS -S1-ZIP EI ADDRESS -S1-ZIP TOUR ADDRESS -S1-ZIP TOUR ADDRESS | n Chapter 119 | Change Addition Change Addition | |
| STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP 11. I hereby certify indicated on the | that the information supplied with its report is true and accurate and company or the receiver or trustee | Delete Delete Delete this filing does not qualify to that my signature shall have | STRE CITY- SITLE MAMM STRE CITY- TITLE NAMM STREICTY CITY- OF the exempt the exempt | ET ADDRESS -ST-ZIP ET ADDRESS -ST-ZIP ET ADDRESS -ST-ZIP ET ADDRESS -ST-ZIP ST-ZIP Dipgal effect as if m | iade under oati | Change Addition Florida Statutes. I further certify that the information h; that I am a managing member or manager of the | |