2007 LIMITED LIABILITY COMPANY

FILED

ANNUAL REPORT				Feb 08, 2007 08:00 A	
DOCUMENT # L05000039946 1. Entity Name GEORGE C. PERREAULT LT 1, LLC				Secretary of State	
Principal Place 4370 S. TAM SUITE 105 SARASOTA, F	IIAMI TRAIL	Mailing Address 4370 S. TAMIAMI TRAIL SUITE 105 SARASOTA, FL 34231 US			
DO NOT WRITE IN THIS SPA			CE	02022007 No Chg-LLC CR2E083 (11/05) 4. FEI Number Applied F NOT APPLICABLE Not Applied 5. Certificate of Status Desired \$5.00 Additional Fee Required	OT_
6. Name and Address of Current Registered Agent GEORGE C. PERREAULT LIVING TRUST 4370 S. TAMIAMI TRAIL SUITE 105 SARASOTA, FL 34231 8. The above named entity submits this statement for the purpose of changing its registere the obligations of registered agent.			ed office or register	DO NOT WRITE IN THIS SPACE red agent, or both, in the State of Florida. 1 am familiar with, and ac	ccept
SIGNATURE.	Signature, typed or printed name of registered ager filling Fee is \$50.00 ue by May 1, 2007	if and little if applicable (NOTE Registers	od Agent signature required	d when refressling) DATE	
9. TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP	MANAGING MEME MGRM GEORGE C. PERREAULT LIVI 4370 S. TAMIAMI TRAIL SARASOTA, FL 34231			U00000627621 02/15/07-80069-012 50).0
IVILE NAME SIREET ADDRESS CHY-SI-ZIP TITLE NAME SIREET ADDRESS CHY-SI-ZIP			-	DO NOT WRITE IN THIS SPACE	
TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME				·-···	

11. I hereby certify that the information supplied with this flind does not qualify for the exemptions contained in Chapter 119. Florida Statutes, I further certify that the information indicated on this report is the 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 of the receiver or trustee approvered to execute this report at required by Chapter 608, Florida Statutes.

SIGNATURE:

STREET ADDRESS CITY - ST - ZIP

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

Davimo Phone #