

2006 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Apr 27, 2006 8:00 am
Secretary of State

04-27-2006 90015 042 ****50.00

DOCUMENT # L05000042103 1. Entity Name PERENICH & PERENICH, P.L.					
Principal Place of Business 3204 ALTERNATE 19- PALM HARBOR, FL 34683			Mailing Address 3204 ALTERNATE 19- PALM HARBOR, FL 34683		
2. Principal Place of Business 28059 U.S. Hwy. 19 N. Suite 100		3. Mailing Address 28059 U.S. Hwy. 19 N. Clear Suite 100			
City & State Clearwater, FL		City & State Clearwater, FL		4. FEI Number 20-2734636	
Zip 33761		Country Pinellas		5. Certificate of Status Desired <input type="checkbox"/> \$5.00 Additional Fee Required	
6. Name and Address of Current Registered Agent PERENICH, TIMOTHY B ESQUIRE 3204 ALTERNATE 19 PALM HARBOR, FL 34683				7. Name and Address of New Registered Agent Name Gregory J. Perenich, Esquire Street Address (P.O. Box Number is Not Acceptable) 28059 U.S. Hwy. 19 N. Suite 100 City Clearwater FL Zip Code 33761	
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><i>Gregory J. Perenich</i></u> DATE <u><i>4/25/06</i></u> <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reissuing) DATE</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 PERENICH, TIMOTHY B ESQUIRE 3204 ALTERNATE 19- PALM HARBOR, FL 34683	<input type="checkbox"/> Delete			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM PERENICH, GREGORY J ESQUIRE 186 COLONY SOUTH DRIVE TARPON SPRINGS, FL 34689	<input type="checkbox"/> Delete			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete				
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete				
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete				
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TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete				
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><i>Gregory J. Perenich</i></u> As Managing Member DATE <u><i>4/25/06</i></u> (727) 669-2828					