2006 LIMITED LIABILITY COMPANY ANNUAL REPORT (AR)

FILED
May 25, 2006 8:00 am
Secretary of State
03-14-2006 90198 043 ****50.00

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DOCUMENT # L05000050495

1. Entity Name

JEROME B. & KATHLEEN PERLMUTTER, LLC

Principal Place of Business	Mailing Address
121 QUEEN EUGENIA COURT FORT PIERCE FL 34949	121 QUEEN EUGENIA COURT FORT PIERCE FL 34949

1st MOORE CR2E083 (10/05)

2. Principal Place of Business	3. Mailing Address
1811 S US 1	1975 S US 1
Suite, Apt. #, etc. Fort Pierce	Suite, Apt. #, etc. Fort Pierce
City & State FLA	City & State Florida
Zip 34950 Country USA	Zip 34950 Country USA

4. FEI Number 32-0150751 ☐ Applied For ☐ Not Applicable

5. Certificate of Status Desired ☐ **$5.00** Additional Fee Required

6. Name and Address of Current Registered Agent	7. Name and Address of New Registered Agent
BECHT, EDWARD W 321 SOUTH SECOND STREET FORT PIERCE FL 34950	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 ______________________________
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE

FILE NOW!!! FEE IS $50.00
Make Check Payable to Florida Department of State
Due By May 1, 2006

9. MANAGING MEMBERS/MANAGERS			10. ADDITIONS/CHANGES	
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	MGRM PERLMUTTER, JEROME B 121 QUEEN EUGENIA COURT FORT PIERCE FL 34949	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	MGRM PERLMUTTER, KATHLEEN 121 QUEEN EUGENIA COURT FORT PIERCE FL 34949	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Change ☐ Addition
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11. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Section 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 [signature] Jerome B. Perlmutter 2-24-06 772 4662566
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE Date Daytime Phone #