


**2007 LIMITED LIABILITY COMPANY  
ANNUAL REPORT**

**FILED**  
**Apr 23, 2007 8:00 am**  
**Secretary of State**

04-23-2007 90364 046 \*\*\*\*50.00

<b>DOCUMENT # L05000065753</b> 1. Entity Name PELINDABA (A PLACE OF GREAT GATHERINGS) LLC	
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Principal Place of Business 10045 E GULF TO LAKE HIGHWAY INVERNESS, FL 34450 US	Mailing Address 10045 E GULF TO LAKE HIGHWAY INVERNESS, FL 34450 US
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**DO NOT WRITE IN THIS SPACE**

40075205



04102007No Chg-LLC

CR2E083 (11/05)

4. FEI Number 84-1691079	Applied For Not Applicable
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5. Certificate of Status Desired <input type="checkbox"/>	<b>\$5.00</b> Additional Fee Required
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6. Name and Address of Current Registered Agent  BROWN, SHERRY A 10045 E GULF TO LAKE HIGHWAY INVERNESS, FL 34450
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**DO NOT WRITE  
IN THIS SPACE**

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

**Filing Fee is \$50.00  
Due by May 1, 2007**

9. MANAGING MEMBERS/MANAGERS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGR BROWN, JAMES F JR 10045 E GULF TO LAKE HIGHWAY INVERNESS, FL 34450
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGR BOWERS, CONNIE J 1700 SE 86TH ST OCKLAWAHA, FL 32179
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGR BROWN, SHERRY 10045 E GULF TO LAKE HIGHWAY INVERNESS, FL 34450
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
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TITLE NAME STREET ADDRESS CITY-ST-ZIP	

**DO NOT WRITE  
IN THIS SPACE**

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:** Sherry A. Brown / Sherry A. Brown  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING/MANAGING MEMBER, OR AUTHORIZED REPRESENTATIVE

4/10/07  
Date

352)341-0794  
Daytime Phone #