

**2007 LIMITED LIABILITY COMPANY
ANNUAL REPORT**

DOCUMENT # L05000065753

1. Entity Name
PELINDABA (A PLACE OF GREAT GATHERINGS) LLC



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

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

40075205



04102007 No Chg-LLC CR2E083 (11/05)

4. FEI Number 84-1691079	Applied For <input type="checkbox"/>
5. Certificate of Status Desired <input type="checkbox"/>	
\$5.00 Additional Fee Required	

DO NOT WRITE IN THIS SPACE

6. Name and Address of Current Registered Agent

BROWN, SHERRY A
10045 E GULF TO LAKE HIGHWAY
INVERNESS, FL 34450

**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	MGR
NAME	BROWN, JAMES F JR
STREET ADDRESS	10045 E GULF TO LAKE HIGHWAY
CITY-ST-ZIP	INVERNESS, FL 34450

TITLE	MGR
NAME	BOWERS, CONNIE J
STREET ADDRESS	1700 SE 86TH ST
CITY-ST-ZIP	OCKLAWAHIA, FL 32179

TITLE	MGR
NAME	BROWN, SHERRY
STREET ADDRESS	10045 E GULF TO LAKE HIGHWAY
CITY-ST-ZIP	INVERNESS, FL 34450

TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

TITLE	
NAME	
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CITY-ST-ZIP	

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

4/10/07 352)341-0794
Date Daytime Phone #