

2006 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L05000066371

Entity Name: PERAIS, LLC

FILED
Jul 05, 2006
Secretary of State

Current Principal Place of Business:

26 LINWOOD ROAD SOUTH
PORT WASHINGTON, NY 11050

New Principal Place of Business:

Current Mailing Address:

P.O. BOX 2015
PORT WASHINGTON, NY 110502015

New Mailing Address:

FEI Number: 51-0547502 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired ()
In accordance with s. 607.193(2)(b), F.S., the limited liability company did not receive the prior notice.

Name and Address of Current Registered Agent:

MAIER, KARIN E
330 HAROLD AVE S
FORT MYERS, FL 33971 US

Name and Address of New Registered Agent:

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.

SIGNATURE: _____

Electronic Signature of Registered Agent

_____ Date

MANAGING MEMBERS/MANAGERS:

Title: MGR () Delete
Name: STREIT, RAINER
Address: 26 LINWOOD ROAD SOUTH
City-St-Zip: PORT WASHINGTON, NY 11050

Title: MGR () Delete
Name: GOLLONG, PETRA
Address: 26 LINWOOD ROAD SOUTH
City-St-Zip: PORT WASHINGTON, NY 11050

ADDITIONS/CHANGES:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the for the exemption stated in Chapter 119, Florida Statutes. I further certify that the information indicated on this report is true and accurate and that my electronic 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: PETRA GOLLONG

MGR

07/05/2006

Electronic Signature of Signing Managing Member, Manager, or Authorized Representative / Date