

# 2006 LIMITED LIABILITY COMPANY ANNUAL REPORT

**FILED**  
**Apr 24, 2006 8:00 am**  
**Secretary of State**

04-24-2006 90042 011 \*\*\*\*50.00

**DOCUMENT # L05000090518**

1. Entity Name  
**PERL PROPERTIES FLORIDA LLC**



Principal Place of Business  
**2411 VELVET RIDGE DRIVE**  
**OWINGS MILLS, MD 21117 US**

Mailing Address  
**2411 VELVET RIDGE DRIVE**  
**OWINGS MILLS, MD 21117 US**

2. Principal Place of Business  
**DELRAY BEACH, FL**  
Suite, Apt. #, etc.

3. Mailing Address  
**2411 VELVET RIDGE DRIVE**  
Suite, Apt. #, etc.

04132006 Chg-LLC CR2E083 (11/05)

City & State  
**DELRAY BEACH, FL**  
Zip  
**33483** Country  
**USA**

City & State  
**OWINGS MILLS, MD**  
Zip  
**21117** Country  
**USA**

4. FEI Number  
**32-0160449**

Applied For  
Not Applicable

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

**6. Name and Address of Current Registered Agent**

**LINDA ROTH-CORTINA, P.A.**  
**2121 PONCE DE LEON BOULEVARD**  
**SUITE 505**  
**CORAL GABLES, FL 33134**

**7. Name and Address of New Registered Agent**

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 \_\_\_\_\_ (NOTE: Registered Agent signature required when reinstating) DATE \_\_\_\_\_

**Filing Fee is \$50.00**  
**Due by May 1, 2006**

**Make check payable to**  
**Florida Department of State**

**9. MANAGING MEMBERS/MANAGERS**

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
**MGRM**  
**PERL, EDWARD**  
**2411 VELVET RIDGE DRIVE**  
**OWINGS MILLS, MD 21117** ☐ Delete

**10. ADDITIONS/CHANGES**

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP ☐ Change ☐ Addition

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP ☐ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP ☐ Change ☐ Addition

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP ☐ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP ☐ Change ☐ Addition

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CITY-ST-ZIP ☐ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP ☐ Change ☐ Addition

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:** \_\_\_\_\_  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE

**4/17/06** **410-245-1700**  
Date Daytime Phone #