## 2007 LIMITED LIABILITY COMPANY ANNUAL REPORT

## **FILED** Apr 23, 2007 08:00 All Secretary of State DOCUMENT # L05000090518 PERL PROPERTIES FLORIDA LLC Principal Place of Business Mailing Address 2411 VELVET RIDGE DR 2411 VELVET RIDGE DRIVE OWINGS MILLS, MD 21117 OWINGS MILLS, MD 21117 US 04142007 No Chg-LLC CR2E083 (11/05) 4. FEI Number Applied For 32-0160449 Not Applicable \$5.00 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent LINDA ROTH-CORTINA, P.A. DO NOT WRITE 2121 PONCE DE LEON BOULEVARD **SUITE 505** IN THIS SPACE CORAL GABLES, FL 33134 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) Filing Fee is \$50.00 Due by May 1, 2007 MANAGING MEMBERS/MANAGERS 9. **MGRM** TITLE PERL, EDWARD NAME STREET ADDRESS 2411 VELVET RIDGE DRIVE CITY-ST-ZIP OWINGS MILLS, MD 21117 TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS DO NOT WRITE CITY-ST-ZIP TITLE IN THIS SPACE NAME STREET ADDRESS CITY - ST - ZIP NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME

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.

SIGNATUR

STREET ADDRESS CITY-ST-ZIP

Eglel Wille

4/16/07

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IGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, OR AUTHORIZED REPRESENTATIV