2006 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT # L05000100317

1. Entity Name
PERDIDO PROPERTY MANAGEMENT, LLC

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS
06 MAY 26 AM 9:46

Principal Place of Business	Mailing Address
5581 GALVEZ RD. PENSACOLA, FL 32507	5581 GALVEZ RD. PENSACOLA, FL 32507

04182006 Chg-LLC CR2E083 (11/05)

2. Principal Place of Business	3. Mailing Address
5581 GALVEZ ROAD Suite, Apt. #, etc.	5581 GALVEZ ROAD Suite, Apt. #, etc.
City & State: PENSACOLA FL	City & State: PENSACOLA, FL
Zip: 32507 Country: USA	Zip: 32507 Country: USA

4. FEI Number: 55-0907374 ☐ Not Applicable

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

6. Name and Address of Current Registered Agent	7. Name and Address of New Registered Agent
BURDICK, RICK 6565 FRANK REEDER RD. PENSACOLA, FL 32526	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: Richard Burdick 5-15-06
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, 2006

Make check payable to Florida Department of State

9. MANAGING MEMBERS / MANAGERS		10. ADDITIONS / CHANGES	
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	MGR BURDICK, ELIZABETH 5581 GALVEZ RD. PENSACOLA, FL 32507 ☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Change ☐ A
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	MGRM PERDIDO CARPET CARE 5581 GALVEZ RD PENSACOLA, FL 32507 ☐ 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 ☐ Ad 04/21/06-90014-029 - $50.00
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TITLE / NAME / STREET ADDRESS / 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: Elizabeth D Burdick 5-9-06
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE Date Daytime Phone #