


**2007 LIMITED LIABILITY COMPANY  
ANNUAL REPORT**

**FILED**  
**Jan 11, 2007 - 08:00 AM**  
**Secretary of State**

DOCUMENT # L05000100317	
1. Entity Name PERDIDO PROPERTY MANAGEMENT, LLC	

Principal Place of Business 5581 GALVEZ RD. PENSACOLA, FL 32507	Mailing Address 5581 GALVEZ RD. PENSACOLA, FL 32507
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DO NOT WRITE IN THIS SPACE



01042007 No Chg-LLC CR2E083 (11/05)

4. FEI Number 55-0907374	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/> \$5.00 Additional Fee Required	

6. Name and Address of Current Registered Agent  BURDICK, RICK 6565 FRANK REEDER RD. PENSACOLA, FL 32526
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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 _____ <small>Signature, typed or printed name of registered agent and title if applicable</small>	(NOTE: Registered Agent signature required when reinstating)	DATE _____
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**Filing Fee is \$50.00  
Due by May 1, 2007**

U00000581757  
01/11/07-80004-015 50.00

9. MANAGING MEMBERS/MANAGERS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGR BURDICK, ELIZABETH 5581 GALVEZ RD. PENSACOLA, FL 32507
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM PERDIDO CARPET CARE 5581 GALVEZ RD PENSACOLA, FL 32507
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TITLE NAME STREET ADDRESS CITY-ST-ZIP	

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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: 	1-5-07
<small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, OR AUTHORIZED REPRESENTATIVE</small>	<small>Date</small>