

2007 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L06000028246

Entity Name: PER PROPERTIES LLC

FILED
Feb 22, 2007
Secretary of State

Current Principal Place of Business:

362 GULF BREEZE PKWY
111
GULF BREEZE, FL 32561

New Principal Place of Business:

913 GULF BREEZE PKWY
SUITE 3
GULF BREEZE, FL 32561

Current Mailing Address:

362 GULF BREEZE PKWY
111
GULF BREEZE, FL 32561

New Mailing Address:

FEI Number: 20-4507028

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

PABIAN, KRISTINE E
121 SHORELINE DRIVE
GULF BREEZE, FL 32561 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: MGRM () Delete
Name: PABIAN, ROBERT C
Address: 362 GULF BREEZE PKWY #111
City-St-Zip: GULF BREEZE, FL 32561

Title: MGR () Delete
Name: ENGLISH, GREGORY
Address: 362 GULF BREEZE PKWY #111
City-St-Zip: GULF BREEZE, FL 32561

Title: MGR () Delete
Name: RAYMON, BRUCE DR.
Address: 362 GULF BREEZE PKWY #111
City-St-Zip: GULF BREEZE, FL 32561

ADDITIONS/CHANGES:

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

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: ROBERT PABIAN

MGRM

02/22/2007

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