2009 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L06000028246

Entity Name: PER PROPERTIES LLC

City-St-Zip:

GULF BREEZE, FL 32561

FILED Apr 30, 2009 Secretary of State

Current Principal Place of Business: New Principal Place of Business: 913 GULF BREEZE PKWY 362 GULF BREEZE PKWY SUITE 3 **NUM 111** GULF BREEZE, FL 32561 GULF BREEZE, FL 32561 **New Mailing Address: Current Mailing Address:** 362 GULF BREEZE PKWY 362 GULF BREEZE PKWY **NUM 111** GULF BREEZE, FL 32561 GULF BREEZE, FL 32561 FEI Number: 20-4507028 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired () Name and Address of Current Registered Agent: Name and Address of New Registered Agent: PABIAN, KRISTINE E 121 SHÓRELINE DRIVE US GULF BREEZE, FL 32561 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: ADDITIONS/CHANGES: MGRM Title: () Change () Addition () Delete PABIAN, ROBERT C Name: Name: Address: 362 GULF BREEZE PKWY #111 Address: City-St-Zip: GULF BREEZE, FL 32561 City-St-Zip: Title: MGR () Delete Title: () Change () Addition Name: ENGLISH, GREGORY Name: Address: 362 GULF BREEZE PKWY #111 Address: City-St-Zip: GULF BREEZE, FL 32561 City-St-Zip: Title: MGR () Delete Title: () Change () Addition RAYMON, BRUCE DR. Name: Name: 362 GULF BREEZE PKWY #111 Address: Address:

I hereby certify that the information supplied with this filing does not qualify 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.

City-St-Zip:

SIGNATURE: ROBERT C PABIAN MGRM 04/30/2009