


# 2007 LIMITED LIABILITY COMPANY ANNUAL REPORT

**FILED**  
**May 10, 2007 8:00 am**  
**Secretary of State**

05-10-2007 90420 039 \*\*\*\*50.00

<b>DOCUMENT # L06000047257</b>					
<b>1. Entity Name</b> PERICH PRESERVE, LLC					
<b>Principal Place of Business</b> 2020 SEVEN SPRINGS BLVD. NEW PORT RICHEY, FL 34655			<b>Mailing Address</b> 2020 SEVEN SPRINGS BLVD. NEW PORT RICHEY, FL 34655		
<b>2. Principal Place of Business - No P.O. Box #</b>		<b>3. Mailing Address</b>			
Suite, Apt. #, etc.		Suite, Apt. #, etc.			
City & State		City & State			
Zip	Country	Zip	Country		
<div style="display: flex; justify-content: space-between;"> <span>04232007    Chg-LLC    CR2E083 (12/06)</span> </div>					
<b>4. FEI Number</b> 20-484 7513				<b>Applied For</b> <input type="checkbox"/> Not Applicable	
<b>5. Certificate of Status Desired</b> <input type="checkbox"/>				<b>\$5.00 Additional Fee Required</b>	
<b>6. Name and Address of Current Registered Agent</b>			<b>7. Name and Address of New Registered Agent</b>		
CURTIS, PAUL 2020 SEVEN SPRINGS BLVD NEW PORT RICHEY, FL 34655			Name <b>LARRY M PERICH</b> Street Address (P.O. Box Number is Not Acceptable) <b>2020 Seven Springs Blvd</b> City <b>New Port Richey</b> <b>FL</b> Zip Code <b>34655</b>		
<b>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.</b>					
SIGNATURE _____ <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)</small>			DATE <b>4/23/07</b>		
<b>Filing Fee is \$50.00 Due by May 1, 2007</b>		<b>Make check payable to Florida Department of State</b>			
<b>9. MANAGING MEMBERS/MANAGERS</b>			<b>10. ADDITIONS/CHANGES</b>		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGR PERICH, LARRY 17901 SPENCER RD ODESSA, FL 33558	<input type="checkbox"/> Delete			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGR PERICH, BARBARA 17901 SPENCER RD ODESSA, FL 33558	<input type="checkbox"/> Delete			
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete			
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete			
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete			
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete			
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete			
<b>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.</b>					
<b>SIGNATURE:</b> _____ <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE</small>			Date <b>4/23/07</b> Daytime Phone # <b>727372-1311</b>		