


2007 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Jan 17, 2007 8:00 am
Secretary of State

01-17-2007 90008 033 ****50.00

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| DOCUMENT # L06000054106 | |  |
| 1. Entity Name PEARSON HOLDINGS, LLC | | |

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|---|---|
| Principal Place of Business 1637 EAST LAKE DRIVE FORT LAUDERDALE, FL 33316 US | Mailing Address 1637 EAST LAKE DRIVE FORT LAUDERDALE, FL 33316 US |
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| 2. Principal Place of Business - No P.O. Box # 1510 S.E. 17th Street | 3. Mailing Address 1510 S.E. 17th Street |
| Suite, Apt. #, etc. # 400A | Suite, Apt. #, etc. # 400A |
| City & State Ft. Lauderdale, FL | City & State Ft. Lauderdale, FL |
| Zip 33316 | Country USA |



01122007 Chg-LLC CR2E083 (12/06)

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|------------------------------------|--|
| 4. FEI Number 59-1819453 | Applied For <input type="checkbox"/> Not Applicable |
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|---|---------------------------------------|
| 5. Certificate of Status Desired <input type="checkbox"/> | \$5.00 Additional Fee Required |
|---|---------------------------------------|

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| 6. Name and Address of Current Registered Agent SMITH, DENNIS D ESQ. C/O TRIPP SCOTT, PA 110 SE 6TH STREET, 15TH FLOOR FORT LAUDERDALE, FL 33301 | 7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City FL Zip Code |
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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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____

**Filing Fee is \$50.00
Due by May 1, 2007**

**Make check payable to
Florida Department of State**

| 9. MANAGING MEMBERS/MANAGERS | | 10. ADDITIONS/CHANGES | |
|--|---|--|---|
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | MGR PEARSON, KAYE A 1637 EAST LAKE DRIVE FORT LAUDERDALE, FL 33316 <input type="checkbox"/> Delete | TITLE NAME STREET ADDRESS CITY-ST-ZIP | <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition 1510 S.E. 17th Street #400A Ft. Lauderdale, FL 33316 |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | <input type="checkbox"/> Delete | TITLE NAME STREET ADDRESS CITY-ST-ZIP | <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition MGR Cheryl Pearson 1510 S.E. 17th Street #400A Ft. Lauderdale, FL 33316 |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | <input type="checkbox"/> Delete | TITLE NAME STREET ADDRESS CITY-ST-ZIP | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | <input type="checkbox"/> Delete | TITLE NAME STREET ADDRESS CITY-ST-ZIP | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | <input type="checkbox"/> Delete | TITLE NAME STREET ADDRESS CITY-ST-ZIP | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | <input type="checkbox"/> Delete | TITLE NAME STREET ADDRESS CITY-ST-ZIP | <input type="checkbox"/> Change <input type="checkbox"/> 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: *Kaye Pearson* **1-17-07** **954-325-0325**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE Date Daytime Phone #