

2007 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L06000063468

FILED
Apr 09, 2007
Secretary of State

Entity Name: PER INVESTMENT PROPERTIES, LLC

Current Principal Place of Business:

11233 NW 62 TERRACE
DORAL, FL 33178 US

New Principal Place of Business:

Current Mailing Address:

11233 NW 62 TERRACE
DORAL, FL 33178 US

New Mailing Address:

FEI Number: 20-5094934

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

CASAS, MARIA T
11233 NW 62 TERRACE
DORAL, FL 33178 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: MGR () Delete
Name: PEDRO RODRIGUEZ REV., TRUST D/O/A 5 / 6/05
Address: 11233 NW 62 TERRACE
City-St-Zip: DORAL, FL 33178 US

Title: MGR () Delete
Name: MARIA T. CASAS REV., TRUST D/O/A 5/ 6 /05
Address: 11233 NW 62 TERRACE
City-St-Zip: DORAL, FL 33178 US

Title: MGR () Delete
Name: ROSA M. GONZALEZ REV., . TRUST D/O/A 1 /30/01
Address: 10530 NW 51 STREET
City-St-Zip: DORAL, FL 33178 US

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: MARIA T CASAS

MS

04/09/2007

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