2007 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Apr 21, 2007
Secretary of State

DOCUMENT# L06000083931

Entity Name: PEARL BAY HOMES LLC

Current Principal Place of Business:

9200 BONITA BEACH RD
SUITE 211
BONITA SPRINGS, FL 34135 US

New Principal Place of Business:

Current Mailing Address:

9200 BONITA BEACH RD
SUITE 211
BONITA SPRINGS, FL 34135 US

New Mailing Address:

PO BOX 2847
BONITA SPRINGS, FL 34133 US

FEI Number: 20-5437104 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

UPPAL, ANIL
9200 BONITA BEACH RD
SUITE 211
BONITA BEACH RD, FL 34135 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: UPPAL, ANIL
Address: 9200 BOINTA BEACH RD , SUITE 211
City-St-Zip: BONITA SPRINGS, FL 34135 US

Title: MGRM ( ) Delete
Name: CHANDOK, SURINDER
Address: 9200 BONITA BEACH RD, SUITE 211
City-St-Zip: BONITA SPRINGS, FL 34135 US

ADDITIONS/CHANGES:

Title: MGRM (X) Change ( ) Addition
Name: UPPAL, ANIL
Address: PO BOX
City-St-Zip: BONITA SPRINGS, FL 34133 US

Title: MGRM (X) Change ( ) Addition
Name: CHANDOK, SURINDER
Address: PO BOX 2847
City-St-Zip: BONITA SPRINGS, FL 34133 US

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: ANIL UPPAL MGM 04/21/2007

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