2007 LIMITED LIABILITY COMPANY ANNUAL REPORT (AR)

FILED
May 02, 2007 8:00 am
Secretary of State
03-08-2007 90194 026 ****50.00

DOCUMENT # L06000110459

1. Entity Name
PERMIRA INVESTMENTS, LLC

Principal Place of Business	Mailing Address
815 ORIENTA AVE., SUITE 1600 ALTAMONTE SPRINGS FL 32701	815 ORIENTA AVE., SUITE 1600 ALTAMONTE SPRINGS FL 32701

1st MOORE CR2E083 (10/06)

2. Principal Place of Business - No P O Box #	3. Mailing Address
	370 LK. Seminary Cir
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State	City & State: Maitland FL
Zip / Country	Zip 32714 / Country

4. FEI Number 20-8933737 ☐ Applied For ☐ Not Applicable

5. Certificate of Status Desired ☐ $5.00 Additional Fee Required

6. Name and Address of Current Registered Agent

UHRIG, HAL
815 ORIENTA AVE., SUITE 1600
ALTAMONTE SPRINGS FL 32701

7. Name and Address of New Registered Agent

Name
Street Address (P.O. Box Number is Not Acceptable)
City FL Zip Code

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 ______________________
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE

FILE NOW!!! FEE IS $50.00
Make Check Payable to Florida Department of State
Due By May 1, 2007

9. MANAGING MEMBERS/MANAGERS

TITLE	MGR	☐ Delete
NAME	UHRIG, HAL	
STREET ADDRESS	815 ORIENTA AVE., SUITE 1060	
CITY-ST-ZIP	ALTAMONTE SPRINGS FL 32701	
TITLE		☐ Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		☐ Delete
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NAME		
STREET ADDRESS		
CITY-ST-ZIP		

10. ADDITIONS/CHANGES

TITLE		☐ Change ☐ Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		☐ Change ☐ Addition
NAME		
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TITLE		☐ Change ☐ Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

11. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Section 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 [signature] 1-26-07 407-831-1956
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE — Date — Daytime Phone #