



# 2008 LIMITED LIABILITY COMPANY ANNUAL REPORT

**FILED**  
**Apr 21, 2008 8:00 am**  
**Secretary of State**

04-21-2008 90322 044 \*\*\*138.75

DOCUMENT # L06000110459					
1. Entity Name PERMIRA INVESTMENTS, LLC					
Principal Place of Business 815 ORIENTA AVE., SUITE 1600 ALTAMONTE SPRINGS, FL 32701			Mailing Address 370 LK SEMINARY CIR MAITLAND, FL 32714		
2. Principal Place of Business - No P.O. Box # <b>230 LOOKOUT PLACE</b>		3. Mailing Address <b>230 LOOKOUT PLACE</b>			
Suite, Apt. #, etc.		Suite, Apt. #, etc.			
City & State <b>MAITLAND, FLORIDA</b>		City & State <b>MAITLAND, FLORIDA</b>		4. FEI Number <b>20-8933737</b>	
Zip <b>32751</b> Country <b>USA</b>		Zip <b>32751</b> Country <b>USA</b>		5. Certificate of Status Desired <input type="checkbox"/> \$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 <b>UHRIG, HAL</b> Street Address (P.O. Box Number is Not Acceptable) <b>230 LOOKOUT PLACE</b> City <b>MAITLAND</b> FL <b>32751</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.					
SIGNATURE _____ <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)</small>				DATE <b>4-16-08</b>	
<b>FILE NOW!!! FEE IS \$138.75</b> <b>After May 1, 2008 Fee will be \$538.75</b>			Make check payable to Florida Department of State		
9. MANAGING MEMBERS / MANAGERS			10. ADDITIONS / CHANGES		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGR UHRIG, HAL 815 ORIENTA AVE., SUITE 1060 ALTAMONTE SPRINGS, FL 32701	<input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGR UHRIG, HAL 230 LOOKOUT PLACE MAITLAND FL 32751	<input checked="" 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
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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: 			HAL UHRIG, MGR <b>4-16-08</b>		
<small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE</small>			<small>Date Daytime Phone #</small>		

60026381



04152008 Chg-LLC CR2E083 (12/06)

Applied For  
Not Applicable