

2008 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Jan 29, 2008 8:00 am
Secretary of State

01-29-2008 90062 013 ***138.75

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01152008 Chg-LLC CR2E083 (12/06)

DOCUMENT # L07000019966 1. Entity Name PECORELLA INVESTMENT GROUP, LLC					
Principal Place of Business 26335 AUGUSTA CREEK COURT BONITA SPRINGS, FL 34134			Mailing Address 26335 AUGUSTA CREEK COURT BONITA SPRINGS, FL 34134		
2. Principal Place of Business - No P.O. Box # 22140 RESERVE ESTATES DRIVE <small>Suite, Apt. #, etc.</small>		3. Mailing Address 22140 RESERVE ESTATES DRIVE <small>Suite, Apt. #, etc.</small>			
City & State BONITA SPRINGS, FL Zip 34135		City & State BONITA SPRINGS, FL Zip 34135		4. FEI Number 20-8525687	
Country USA		Country USA		5. Certificate of Status Desired <input type="checkbox"/> \$5.00 Additional Fee Required	
6. Name and Address of Current Registered Agent PECORELLA, MATTEO 26335 AUGUSTA CREEK COURT BONITA SPRINGS, FL 34134				7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) 22140 RESERVE ESTATES DRIVE City BONITA SPRINGS, FL Zip Code 34135	
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 _____					
FILE NOW!!! FEE IS \$138.75 After May 1, 2008 Fee will be \$538.75			Make check payable to Florida Department of State		
9. MANAGING MEMBERS / MANAGERS			10. ADDITIONS / CHANGES		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGR PECORELLA, MATTEO 26335 AUGUSTA CREEK COURT BONITA SPRINGS, FL 34134	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	22140 RESERVE ESTATES DRIVE BONITA SPRINGS, FL 34135
		<input type="checkbox"/> Change <input type="checkbox"/> Addition			
		<input type="checkbox"/> Change <input type="checkbox"/> Addition			
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		<input type="checkbox"/> Change <input type="checkbox"/> Addition			
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		<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: <u>Matteo Pecorella</u> MATTEO PECORELLA, MANAGER 01/16/08 (239) 992-8828 <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE</small>					