

# 2008 LIMITED LIABILITY COMPANY ANNUAL REPORT

**FILED**  
**Mar 20, 2008 8:00 am**  
**Secretary of State**

03-20-2008 90180 012 \*\*\*138.75

60016036



03152008 Chg-LLC CR2E083 (12/06)

<b>DOCUMENT # L07000056279</b> 1. Entity Name <b>PERFECT PRICED PROPERTIES, L.L.C.</b>					
Principal Place of Business <b>2611 MELISSA COURT MELBOURNE, FL 32934</b>			Mailing Address <del>2611 MELISSA COURT</del> <del>MELBOURNE, FL 32934</del>		
2. Principal Place of Business - No P.O. Box #		3. Mailing Address <b>PO. Box 410557</b>			
Suite, Apt. #, etc.		Suite, Apt. #, etc.			
City & State		City & State <b>MELBOURNE FL.</b>		4. FEI Number <b>26-0199729</b>	
Zip <b>32941</b>	Country <b>US</b>	5. Certificate of Status Desired <input type="checkbox"/>		Applied For <input type="checkbox"/> Not Applicable	
6. Name and Address of Current Registered Agent  <b>CORVINO, CLARICE 2611 MELISSA COURT MELBOURNE, FL 32934</b>			7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City <div style="display: flex; justify-content: space-between;"> <span><b>FL</b></span> <span>Zip Code</span> </div>		
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) DATE</small>					
<b>FILE NOW!!! FEE IS \$138.75 After May 1, 2008 Fee will be \$538.75</b>		<b>Make check payable to Florida Department of State</b>			
9. MANAGING MEMBERS/MANAGERS			10. ADDITIONS/CHANGES		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGR CORVINO, CLARICE 2611 MELISSA COURT MELBOURNE, FL 32934		<div style="text-align: right;"> <input type="checkbox"/> Delete         </div>		
TITLE NAME STREET ADDRESS CITY-ST-ZIP			<div style="text-align: right;"> <input type="checkbox"/> Change <input type="checkbox"/> Addition         </div>		
TITLE NAME STREET ADDRESS CITY-ST-ZIP			<div style="text-align: right;"> <input type="checkbox"/> Change <input type="checkbox"/> Addition         </div>		
TITLE NAME STREET ADDRESS CITY-ST-ZIP			<div style="text-align: right;"> <input type="checkbox"/> Change <input type="checkbox"/> Addition         </div>		
TITLE NAME STREET ADDRESS CITY-ST-ZIP			<div style="text-align: right;"> <input type="checkbox"/> Change <input type="checkbox"/> Addition         </div>		
TITLE NAME STREET ADDRESS CITY-ST-ZIP			<div style="text-align: right;"> <input type="checkbox"/> Change <input type="checkbox"/> Addition         </div>		
TITLE NAME STREET ADDRESS CITY-ST-ZIP			<div style="text-align: right;"> <input type="checkbox"/> Change <input type="checkbox"/> Addition         </div>		
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:			3-17-08 SD-603-5868		
<small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE</small>			<small>Date Daytime Phone #</small>		