## **2008 LIMITED LIABILITY COMPANY ANNUAL REPORT**

## DOCUMENT # L97000000711

1. Entity Name
PJP OF THE FLORIDA KEYS, LLC



**FILED** May 08, 2008 08:00 AN Secretary of State

Principal Place of Business

25000 OVERSEAS HIGHWAY

Mailing Address

P.O. BOX 1075

| SUMMERLAND KEY, FL 33042  |                                  | SUMMERLAND KEY, FL 33042-1075 |                            |                                     |  |  |
|---|----------------------------------|-------------------------------|----------------------------|-------------------------------------|--|--|
| 111   | . I dans provide dans de la comp | t Best to the California      | Section 1                  |                                     |  |  |
|   |                                  |                               |                            |                                     |  | 'S IIIE WEST BIT (WW)                      |
| DO NOT WRITE IN THIS SPACE  |                                  |                               |                            | 04252008 No Chg-LLC CR2E083 (12/07) |  |  |
| * 1   | JU NUI WKIIE                     | IN I FIIS SPA                 | <b>UE</b>                  | 4. FEI Number<br>65-0763484         | <b> </b>                                 | Applied For                                |
|   |                                  |                               |                            | 5. Certificate of Status Desired    | □ \$5.00 A                               | Not Applicable  Additional                 |
|   | 6. Name and Address of Current R | egistered Agent               | 1 2                        |                                     | Fee Requi                                | ired                                       |
| ROSASCO, PETER<br>25000 OVERSEAS HIGHWAY<br>SUMMERLAND KEY, FL- 33042   |                                  |                               |                            | DO NOT W<br>IN THIS SP              |  |  |
| 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 \$138.75 After May 1, 2008 Fee will be \$538.75  |                                  |                               |                            |                                     |  |  |
| 9.  | MANAGING MEMBER                  | S/MANAGERS                    |                            |                                     | Cartalla (14)                            | ### 13 13 13 13 13 13 13 13 13 13 13 13 13 |
| TITLE<br>NAME   | MEM<br>  ROSASCO, PETER          |                               |                            |                                     |  |  |
| STREET ADDRESS  | 25000 OVERSEAS HIGHWAY           |                               |                            |                                     |  |  |
| CITY-ST-ZIP   | SUMMERLAND KEY, FL 33042         |                               |                            | i - Maria ji Ngoogoos               |  | , i  |
| TITLE   |                                  |                               | , 5 "                      | , 06/03/08-8                        | 30045-018:31:                            | 38.12                                      |
| NAME<br>STREET ADDRESS  |                                  |                               |                            |                                     | 1. 1. 1. 1. 1. 1. 1. 1. 1. 1. 1. 1. 1. 1 |  |
| CITY-ST-ZIP   |                                  |                               | 4                          |                                     |  |  |
| TITLE   |                                  |                               | 1 .                        |                                     |  |  |
| NAME<br>STORET ADDRESS  |                                  |                               |                            |                                     |  |  |
| STREET ADDRESS<br>CITY-ST-ZIP   |                                  | ·                             |                            | DO NOT W                            | RITE                                     |  |
| TITLE   |                                  |                               |                            | IN THIS SP                          |  |  |
| NAME  |                                  |                               | 1230                       |                                     | AUE                                      |  |
| STREET ADDRESS CITY-ST-ZIP  |                                  |                               | ្រុំត្<br>រួមស្រីស្តីស្ត្រ |                                     |  |  |
| TITLE   |                                  |                               |                            |                                     | A REAL PROPERTY.                         |  |
| NAME  |                                  |                               |                            |                                     |  |  |
| STREET ADDRESS  |                                  |                               |                            |                                     | 5堂西海道                                    |  |
| CITY-ST-ZIP   |                                  |                               | Industrial and the         | [數] 超天军最级超过电影型                      | 机工物性稳性                                   | 155 T. S.                                  |

11. I hereby certify that the information supplied with this filling 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 hability company or the receiver or trustee empowered to execute this report as required by Chapter 608, Florida Statutes.

SIGNATURE:

TITLE NAME STREET ADDRESS CITY-ST-ZIP

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MAGING MEMBER, OR AUTHORIZED REPRESENTATIVE

4-29-08

Daylime Phone #