

File on or before May 1, 1999 or Limited Liability Company will be subject to a \$ 400.00 LATE FEE.

LIMITED LIABILITY COMPANY ANNUAL REPORT 1999		 FLORIDA DEPARTMENT OF STATE Katherine Harris Secretary of State DIVISION OF CORPORATIONS	
FILED 99 MAR 16 PM 4:33 SECRETARY OF STATE TALLAHASSEE, FLORIDA			
FILING FEE \$ 188.75		Annual Report \$100.00 + \$88.75 Corporation Supplemental Fee Make Check Payable To: FLORIDA DEPARTMENT OF STATE	
1. Name and Mailing Address of Limited Liability Company DOCUMENT # L98000001805 PEGASUS DEVELOPMENT ENTERPRISES, L.L.C. 345 SOUTHEND, APT. 6-M NEW YORK NY 10280		1a. Principal Place of Business Address 345 SOUTHEND, APT. 6-M NEW YORK NY 10280	
2. Principal Place of Business DESTIN Suite, Apt. #, etc. P.O. BOX 5587 City & State DESTIN, FLORIDA Zip 32540 Country OKALOOSA	2a. Mailing Address P.O. BOX 5587 Suite, Apt. #, etc. DESTIN, FLORIDA City & State Zip 32540 Country OKALOOSA	3. Date Organized or Qualified 09/08/1998	3a. State of Formation FL
4. FEI Number 58-243501		☐ Applied For ☐ Not Applicable	
5. Date of Last Report		6. Certificate of Status Desired ☒ \$8.75 Additional Fee Required	
7. Name and Address of Current Registered Agent CORPORATION SERVICE, COMPANY 1201 HAYS STREET TALLAHASSEE FL 32301		8. Name and Address of New Registered Agent/Office Name Street Address (P.O. Box Number is Not Acceptable) Suite, Apt. #, etc. City FL Zip Code	
9. Pursuant to the provisions of Sections 608.416 and 608.508, Florida Statutes, the above-named limited liability company submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by affirmative vote of a majority of the members. I hereby accept the appointment as registered agent, and accept the obligations.			
SIGNATURE _____		DATE _____	
(Registered Agent Accepts Appointment) (Not to be signed if Agent is not required to accept appointment)			
10. Title	Managing Members/Managers	Business Street Address	City, State and Zip Code
MGRM	SASSANO, MICHAEL A III	345 SOUTHEND, APT. 6-M	NEW YORK NY
MGRM	PROTEGERE, MICHAEL P	4547 LINCOLN ROAD	INDIANAPOLIS IN
11. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this annual 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, and that my name appears in Block 10, or on an attachment with an address.			
SIGNATURE: _____		3-9-99 850-654-8000	