2003 LIMITED LIABILITY COMPANY UNIFORM BUSINESS REPORT (UBR)

FILED
May 02, 2003 8:00 am
Secretary of State
05-02-2003 90757 002 ****50.00

0048665

DOCUMENT # L98000001805

1. Entity Name
PEGASUS DEVELOPMENT ENTERPRISES, L.L.C.

Principal Place of Business	Mailing Address
P.O. BOX 5587 DESTIN FL 32540	P.O. BOX 5587 DESTIN FL 32540

☑ CHECK HERE IF MAKING CHANGES

2. Principal Place of Business	3. Mailing Address
126 South Shore Drive	SAME
Suite, Apt. #, etc.: #34	Suite, Apt. #, etc.
City & State: Destin, FL	City & State
Zip: 32550 Country: USA	Zip Country

4. FEI Number 58-2413501 ☐ Applied For ☐ Not Applicable

5. Certificate of Status Desired ☐ **$5.00** Additional Fee Required

6. Name and Address of Current Registered Agent

CORPORATION SERVICE COMPANY
1201 HAYS STREET
TALLAHASSEE FL 32301-2525

7. Name and Address of New Registered Agent

Name: Melissa E. Johnson
Street Address (P.O. Box Number is Not Acceptable): 50 Corte Palma
City: Santa Rosa Beach
FL Zip Code: 32459

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: Melissa E Johnson — 4-28-03
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE

FILE NOW!!! FEE IS $50.00
Make Check Payable to Florida Department of State
Due By May 1, 2003

9. MANAGING MEMBERS / MANAGERS			10. ADDITIONS / CHANGES		
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	MGRM SASSANO, MICHAEL A III 345 SOUTHEND, APT. 6-M NEW YORK NY 10280	☐ Delete	MGRM Sassano, Michael A. III 126 South Shore Drive, #34 Destin, FL 32550	☑ Change	☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	MGRM PROTEGERE, MICHAEL P 4547 LINCOLN ROAD INDIANAPOLIS IN 46208	☒ Delete	MGRM MAS Ventures, Inc. 126 South Shore Drive, #34 Destin, FL 32550	☒ Change	☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Delete		☐ Change	☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Delete		☐ Change	☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Delete		☐ Change	☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Delete		☐ Change	☐ Addition

CR2E083 (10/02)

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 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: SIGNATURE REQUIRED Michael A. Sassano — 4-28-03 — (850) 598-6810
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE — Date — Daytime Phone #