2004 LIMITED LIABILITY COMPANY ANNUAL REPORT

ANNUAL REPURI				ı	Cli	ED	
DOCUMENT # L99000002457					ГІ	, U	
Entity Name PEGASUS SALES LLC						5 PM 12: 48	
			A THE	(DIVISION OF C	CORPORATIONS	· >
Principal Place of Business Mailing Address				TALLAHASS	SEE, FLORIDA		
1333 N DUVAL ST. 1333 N DUVAL ST. 1341 TALLAHASSEE, FL 32302 TALLAHASSEE, FL 32302		รบว					
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Principal Place of Business 3. Mailing Address			,				
Crustal Offices]		24 01 15 01	
Suite, Apt. #, etc.	Suite, Apt. #, etc.			03222004	Chg-LLC	CR2E083 (10/03)	
City & State	City & State			4. FEI Numb	er	Ar	plied For
Victoria, Mahe	Tio Country			NOT AF	PPLICABLE		t Applicable
Zip Country Seychelles	Zip Country		try	5. Certificate	of Status Desired	□ \$5.00 Add Fee Require	
6. Name and Address of Current I	6. Name and Address of Current Registered Agent			7. Name and Address of New Registered Agent			
FLORIDA FILING & SEARCH SERVICES, INC. 1333 N DUVAL ST TALLAHASSEE, FL 32302			Name				
			Street Address (P.O. Box Number is Not Acceptable)				
TALLAHASSEE, TE 32302							
			City			FL Zip Cod	е
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 a							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							
Filing Fee is \$50.00 Make check payable to						·	
Filing Fee is \$50.00 Due by May 1, 2004						Department of Stat	•
9. MANAGING MEMBE		10.			ADDITIONS/		
TITLE MGR Delete TITLE NAME KENSINGTON MANAGEMENT LIMITED NAME			ì			☐ Change	Addition
STREET ADDRESS CRYSTAL OFFICE, OT CENTRE STREE			EET ADDRESS	E	000320	083726 5003 **120	
			-ST-ZIP	04./0	<u>7./0401019</u>		
TITLE ☐ Delete ☐ TITL NAME			1			Change	☐ Addition
			EET ADDRESS				
CITY-ST-ZIP	☐ Delete	TITL	-ST-ZIP			☐ Change	☐ Addition
NAME NAME			IE			C olange	Addition
STREET ADDRESS			EET ADDRESS '-ST-ZIP				
CITY-S1-ZIP CITY TITLE Delete TITLE						☐ Change	☐ Addition
NAME		NAM	1E				
STREET ADDRESS CITY-ST-ZIP			EET ADDRESS '-ST-ZIP				
TITLE	☐ Delete	TITL				☐ Change	Addition
NAME		NAM					
STREET ADDRESS CITY-SI-ZIP			EET ADDRESS '-ST-ZIP				
TITLE	☐ Delete	TITL				☐ Change	☐ Addition
NAME CORRECT ADDRESS		NAM	AE EÉT ADDRESS				
STREET ADDRESS CITY-ST-ZIP			- ST-ZIP				
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: Mat 1. Janet M. Caruccio 3-22-04 302-421-5750							
SIGNATURE WAS AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE Date Destring Prone #							
Andread Then An Edited hour of Annual members announced an annual							