


**2004 LIMITED LIABILITY COMPANY
ANNUAL REPORT**

FILED
Feb 11, 2004 08:00 AM
Secretary of State

DOCUMENT # L99000002638 1. Entity Name PEARL PARTNERS, LLC	
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Principal Place of Business 7697 COVE TERR. SARASOTA, FL 34231	Mailing Address PO BOX 868 OSPREY, FL 34229
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DO NOT WRITE IN THIS SPACE



01152004 No Chg-LLC

CR2E083 (10/03)

4. FEI Number 65-0927135	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$5.00 Additional Fee Required

6. Name and Address of Current Registered Agent KAPLAN, MARVIN 7697 COVE TERR. SARASOTA, FL 34231

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IN THIS SPACE**

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.</small>	(NOTE: Registered Agent signature required when reinstating)	DATE _____
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**Filing Fee is \$50.00
Due by May 1, 2004**

9. MANAGING MEMBERS/MANAGERS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM KAPLAN, MARVIN 7697 COVE TERR. SARASOTA, FL 34231
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM KAPLAN, KATHRYN 7697 COVE TERR SARASOTA, FL 34231
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02/12/04-80016-008 50.00

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:  Marvin Kaplan 2/4/04 941-581-9000		
<small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, OR AUTHORIZED REPRESENTATIVE</small>	<small>Date</small>	<small>Daytime Phone #</small>