


**2006 LIMITED LIABILITY COMPANY
ANNUAL REPORT**

FILED
Jul 10, 2006 08:00 AM
Secretary of State

DOCUMENT # L99000002638 1. Entity Name PEARL PARTNERS, LLC	
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Principal Place of Business P.O. BOX 49586 SARASOTA, FL 34230 US	Mailing Address P.O. BOX 49586 SARASOTA, FL 34230 US
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DO NOT WRITE IN THIS SPACE



05042006 No Chg-LLC

CR2E083 (11/05)

4. FEI Number 65-0927135	Applied For Not Applicable
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5. Certificate of Status Desired <input type="checkbox"/>	\$5.00 Additional Fee Required
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6. Name and Address of Current Registered Agent KAPLAN, MARVIN 50 CENTRAL AVENUE UNIT 17B SARASOTA, FL 34236
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DO NOT WRITE 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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____
Signature, typed or printed name of registered agent and title if applicable.

**Filing Fee is \$50.00
Due by September 6, 2006**

U00000569043
07/11/06-80009-025 50.00

9. MANAGING MEMBERS/MANAGERS	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	MGRM KAPLAN, MARVIN P.O. BOX 49586 SARASOTA, FL 34230
TITLE NAME STREET ADDRESS CITY - ST - ZIP	MGRM KAPLAN, KATHRYN P.O. BOX 49586 SARASOTA, FL 34230
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TITLE NAME STREET ADDRESS CITY - ST - ZIP	

DO NOT WRITE IN THIS SPACE

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

SIGNATURE:


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

Date

Daytime Phone #

5/15/06

941-587-9000