


# 2005 LIMITED LIABILITY COMPANY ANNUAL REPORT

**FILED**  
**Apr 30, 2005 08:00 AM**  
**Secretary of State**

|   |   |  |   |   |  |
|---|---|--|---|---|--|
| <b>DOCUMENT # L99000007872</b><br>1. Entity Name<br>PICERNE STRATFORD POINT, LLC  |   |  |   |                                  |  |
| Principal Place of Business<br>247 NORTH WESTMONTE DRIVE<br>ALTAMONTE SPRINGS, FL 32714   |   |  | Mailing Address<br>247 NORTH WESTMONTE DRIVE<br>ALTAMONTE SPRINGS, FL 32714 |   |  |
| 2. Principal Place of Business<br>Suite, Apt. #, etc.   |   |  | 3. Mailing Address<br>Suite, Apt. #, etc.                                   |   |  |
| City & State  |   |  | City & State  |   |  |
| Zip   |   | Country  |   | Zip   |  |
| Country   |   | Country  |   | 4. FEI Number<br>59-3644785   |  |
| 5. Certificate of Status Desired <input type="checkbox"/>   |   |  |   | Applied For<br>Not Applicable   |  |
| 6. Name and Address of Current Registered Agent<br>COSTOLO, W. TERRY ESQ<br>301 E PINE ST., STE 1400<br>ORLANDO, FL 32801   |   |  |   | 7. Name and Address of New Registered Agent<br>Name<br>Street Address (P.O. Box Number is Not Acceptable)<br>City |  |
| 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.   |   |  |   | \$5.00 Additional Fee Required  |  |
| SIGNATURE _____ (NOTE: Registered Agent signature required when reinstating)  |   |  |   |   |  |
| Filing Fee is \$50.00<br>Due by May 1, 2005   |   | Make check payable to<br>Florida Department of State |   |   |  |
| 9. MANAGING MEMBERS/MANAGERS  |   |  | 10. ADDITIONS/CHANGES   |   |  |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP  | MGRM<br>PICERNE, ROBERT M<br>247 NORTH WESTMONTE DR.<br>ALTAMONTE SPRINGS, FL 32714 | <input type="checkbox"/> Delete                      |   |   |  |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP  | MBR<br>URITESCU, RAYMOND<br>75 LAMBERT LIND HWY<br>WARWICK, RI 02886                | <input type="checkbox"/> Delete                      |   |   |  |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP  | MBR<br>PICERNE, JOHN G<br>75 LAMBERT LIND HWY<br>WARWICK, RI 02886                  | <input type="checkbox"/> Delete                      |   |   |  |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP  | MBR<br>PICERNE, DAVID<br>1420 E. MISSOURI AVENUE, SUITE 100<br>PHOENIX, AZ 85014    | <input type="checkbox"/> Delete                      |   |   |  |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP  | MBR<br>PICERNE, JEANNE<br>1420 E. MISSOURI AVENUE, SUITE 100<br>PHOENIX, AZ 02886   | <input type="checkbox"/> Delete                      |   |   |  |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP  | MBR<br>PICERNE INVESTMENT CORPORATION<br>75 LAMBERT LIND HWY<br>WARWICK, RI 02886   | <input type="checkbox"/> Delete                      |   |   |  |
| 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 AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE   |   |  |   |   |  |
| Date: 4/26/05   |   |  |   |   |  |
| Daytime Phone #   |   |  |   |   |  |