

2004 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Mar 22, 2004 08:00 AM
Secretary of State

DOCUMENT # L99000008301																																																																																																																																			
1. Entity Name PERIMETER WOODS LLC																																																																																																																																			
Principal Place of Business 2152 14TH CIRCLE NORTH ST. PETERSBURG, FL 33713			Mailing Address 2152 14TH CIRCLE NORTH ST. PETERSBURG, FL 33713																																																																																																																																
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Suite, Apt. #, etc.			Suite, Apt. #, etc.																																																																																																																																
City & State			City & State																																																																																																																																
Zip		Country	Zip		Country																																																																																																																														
5. Name and Address of Current Registered Agent SCHERER, CLARK H 2152 14TH CIRCLE NORTH ST. PETERSBURG, FL 33713				7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City FL Zip Code																																																																																																																															
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 reappointing) _____ DATE _____																																																																																																																																			
Filing Fee is \$50.00 Due by May 1, 2004			Make check payable to Florida Department of State																																																																																																																																
<table border="1" style="width:100%; border-collapse: collapse;"> <tr> <th colspan="3" style="text-align: left; padding: 5px;">9. MANAGING MEMBERS/MANAGERS</th> <th colspan="3" style="text-align: left; padding: 5px;">10. ADDITIONS/CHANGES</th> </tr> <tr> <td style="width: 15%; padding: 5px;">TITLE</td> <td style="width: 65%; padding: 5px;">MGR</td> <td style="width: 20%; padding: 5px;">☐ Delete</td> <td style="width: 15%; padding: 5px;">TITLE</td> <td style="width: 65%; padding: 5px;"></td> <td style="width: 20%; padding: 5px;">☐ Change ☐ Addition</td> </tr> <tr> <td style="padding: 5px;">NAME</td> <td style="padding: 5px;">SCHERER, CLARK H III</td> <td></td> <td style="padding: 5px;">NAME</td> <td style="padding: 5px;"></td> <td></td> </tr> <tr> <td style="padding: 5px;">STREET ADDRESS</td> <td style="padding: 5px;">2152 14TH CIRCLE NORTH</td> <td></td> <td style="padding: 5px;">STREET ADDRESS</td> <td style="padding: 5px;"></td> <td></td> </tr> <tr> <td style="padding: 5px;">CITY- ST- ZIP</td> <td style="padding: 5px;">ST. 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11. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(c), 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 606, Florida Statutes.																																																																																																																																			
SIGNATURE: _____				14 March 727 3218111																																																																																																																															
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE																																																																																																																																			