

2006 LIMITED LIABILITY COMPANY ANNUAL REPORT (AR)

FILED
Mar 01, 2006 8:00 am
Secretary of State

03-01-2006 90229 027 ****50.00

DOCUMENT # M01000001981

1. Entity Name
PEST PROPERTY HOLDINGS, LLC



Principal Place of Business Mailing Address

~~9005 BLUEBONNET BLVD., SUITE 3~~
 BATON ROUGE LA 70810 ~~9005 BLUEBONNET BLVD., SUITE 3~~
 BATON ROUGE LA 70810



2. Principal Place of Business 3. Mailing Address

10754 Linkwood Ct *10754 Linkwood Ct.*

Suite, Apt. #, etc. Suite, Apt. #, etc.

Suite 1 *Suite 1*

City & State City & State

Baton Rouge, LA *Baton Rouge, LA*

Zip Country Zip Country

70810 *USA* *70810* *USA*

1st MOORE CR2E083 (10/05)

4. FEI Number Applied For

72-1505341 Not Applicable

5. Certificate of Status Desired \$5.00 Additional Fee Required

6. Name and Address of Current Registered Agent

EVANS, ED
213 RUSS DR.
GULF BREEZE FL 32561

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 _____ DATE _____
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

FILE NOW!!! FEE IS \$50.00
Make Check Payable to Florida Department of State
Due By May 1, 2006

9. MANAGING MEMBERS/MANAGERS		10. ADDITIONS/CHANGES	
TITLE	MGR <input type="checkbox"/> Delete	TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	COHN, DAVID M	NAME	
STREET ADDRESS	9005 BLUEBONNET BLVD., SUITE 3	STREET ADDRESS	<i>10754 Linkwood Ct., Suite 1</i>
CITY-ST-ZIP	BATON ROUGE LA 70810	CITY-ST-ZIP	<i>Baton Rouge, LA. 70810</i>
TITLE	MGR <input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	COHN, MIKE	NAME	
STREET ADDRESS	4720 JONES CREEK RD.	STREET ADDRESS	
CITY-ST-ZIP	BATON ROUGE LA 70817	CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	

11. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Section 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]* Date: *2/14/06* Daytime Phone #: *225 769-0858*

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