## **2006 LIMITED LIABILITY COMPANY ANNUAL REPORT**

## FILED Feb 10, 2006 8:00 am Secretary of State

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DOCUI 1. Entity Name PERRYDI		2280					90171 022 ****	
Principal Place	n of Rusiness	Mailing Address			1	Ogo		
Principal Place of Business Mailing Address  1010 MEMORIAL WAY SUITE 102 1010 MEMORIAL WAY FORT WAYNE, IN 46805 FORT WAYNE, IN 468				2				
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2. Principal Place of Business		3. Mailing Address						
Suite, Apt. #, etc.		Suite, Apt. #, etc.		01152006	Chg-LLC	CR2E083 (11/05)		
City & State		City & State		4. FEI Number 13-4	129073	8	pplied For ot Applicable	
Zip	Country	Zip	Countr	у	<u> </u>	of Status Desired	55.00 Ad Fee Require	
	6. Name and Address of Current	Registered Agent			7. Name and	Address of New Re	gistered Agent	<del></del>
D/ 0:5:0 5	PAGETARE, ACTION 915			Name	_			
	REGISTERED AGENTS, INC. RRY ROAD 51 32351	Stre		Street Address (	P.O. Box Number	er is Not Acceptable	)	
Q0,1101,1	2 0200.		ì					
			-	City		<u> </u>	FL Zip Co	de
	named entity submits this statement folions of registered agent.	or the purpose of changing its	registered	d office or registe	red agent, or bo	th, in the State of Flo	rida. I am familiar with	, and accept
SIGNATURE .								
0.0	Signature, typed or conted name of recistered agent	and title if apolicable. (NOTE	: Recistered	Agent signature require	d when reinstating)		DATE	
Fi	Signature, typed or printed name of registered agent liling Fee is \$50.00 ue by May 1, 2006	and title if applicable. (NOTE	Registered	Agent signature requires	d when reinstating)		check payable to Department of Sta	te
Fi	lling Fee is \$50,00		Registered	Agent signature requirer	d when reinstating)		e check payable to Department of Sta	te
Fi Di	Illing Fee is \$50.00 ue by May 1, 2006  MANAGING MEMBE MGR PERRY, R. SCOTT 1010 MEMORIAL WAY SUITE 1	ERS/MANAGERS	10. TITLE NAME STREE		d when reinstating)	Florida	e check payable to Department of Sta	te ☐ Addition
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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 OF PRINTED NAME