2008 LIMITED LIABILITY COMPANY ANNUAL REPORT (AR) - DUE BY MAY 1, 2008

9/3/2008-90045-018-$538.75-$538.75

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS

08 OCT -3 PM 3:43

DOCUMENT # M07000007012

1. Entity Name
PERFECT BIRDS, L.L.C.

PERFECT BIRDS, LLC
7999 ARMSTRONG ROAD
MILTON, FL 32583

Principal Place of Business	Mailing Address
~~4772 CR 105~~ ~~HAMILTON TX 76531~~ 7999 Armstrong Rd	4772 CR 105 HAMILTON TX 76531

1st MOORE CR2E083 (10/07)

2. Principal Place of Business - No P.O. Box #	3. Mailing Address
7999 Armstrong Rd	7999 Armstrong Rd
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State: Milton, FL	City & State: Milton, FL
Zip: 32583 Country: US	Zip: 32583 Country: US

4. FEI Number: 26-1455190 ☐ Applied For ☐ Not Applicable

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

6. Name and Address of Current Registered Agent	7. Name and Address of New Registered Agent
C T CORPORATION SYSTEM 1200 SOUTH PINE ISLAND ROAD PLANTATION FL 33324	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 ______________________
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) DATE

FILE NOW!!! FEE IS $138.75
After May 1, 2008, Fee Will Be $538.75
Make Check Payable to Florida Department of State

9. MANAGING MEMBERS/MANAGERS			10. ADDITIONS/CHANGES		
TITLE	~~MGR~~ Owner Mgrm	☐ Delete	TITLE		☐ Change ☐ Addition
NAME	GRAHAM, JACK		NAME		
STREET ADDRESS	4772 CR 105		STREET ADDRESS		
CITY-ST-ZIP	HAMILTON TX 76531		CITY-ST-ZIP		
TITLE	General Manager	☐ Delete	TITLE		☐ Change ☐ Addition
NAME	Latima LessArd		NAME		
STREET ADDRESS	7999 ArmsKrong Rd		STREET ADDRESS		
CITY-ST-ZIP	Milton, FL 32583		CITY-ST-ZIP		
TITLE		☐ Delete	TITLE		☐ Change ☐ Addition
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY-ST-ZIP			CITY-ST-ZIP		
TITLE		☐ Delete	TITLE		☐ Change ☐ Addition
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY-ST-ZIP			CITY-ST-ZIP		
TITLE		☐ Delete	TITLE		☐ Change ☐ Addition
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CITY-ST-ZIP			CITY-ST-ZIP		
TITLE		☐ Delete	TITLE		☐ Change ☐ 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 Latima Lessard 08/25/08 (850)983-8116
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE — Date — Daytime Phone #