

2006 LIMITED LIABILITY COMPANY ANNUAL REPORT, (AR)

FILED
Feb 22, 2006 8:00 am
Secretary of State

02-22-2006 90109 023 ****50.00

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1. Entity Name

PERRY FAMILY PROPERTIES, L.L.C.



Principal Place of Business

78 US 19 SOUTH
CAMILLA GA 31730

Mailing Address

PO BOX 429
CAMILLA GA 31730

2. Principal Place of Business

3. Mailing Address

500 TRINITY LANE NORTH
APT. 7206

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

ST. PETERSBURG, FL

Zip

Country

33716

USA

4. FEI Number

58-2186776

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$5.00 Additional
Fee Required

6. Name and Address of Current Registered Agent

PERRY, CLAUDE F SR.
732 HIGHWAY 98 EAST
DESTIN FL 32541

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

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when registering)

DATE

2/8/06

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

9. MANAGING MEMBERS/MANAGERS

TITLE MGRM ☐ Delete
NAME PERRY MERGLER, KIMBERLY
STREET ADDRESS 78 U.S. 19 SOUTH
CITY-ST-ZIP CAMILLA GA 31730

TITLE MGRM ☐ Delete
NAME PERRY, EVA ZWACK
STREET ADDRESS 78 U.S. 19 SOUTH
CITY-ST-ZIP CAMILLA GA 31730

TITLE MGRM ☐ Delete
NAME PERRY HAMILTON, CATHERINE
STREET ADDRESS 78 U.S. 19 SOUTH
CITY-ST-ZIP CAMILLA GA 31730

TITLE MGR ☐ Delete
NAME PERRY, CLAUDE F SR.
STREET ADDRESS U.S. 19 SOUTH
CITY-ST-ZIP CAMILLA GA 31730

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

10. ADDITIONS/CHANGES

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
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NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
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 AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE

Date:

Daytime Phone #

727.517.5135

2/8/06