

# **2011 LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# M97000000593

**FILED**  
**Jan 06, 2011**  
**Secretary of State**

**Entity Name:** PERRY FAMILY PROPERTIES, L.L.C.

**Current Principal Place of Business:**

78 US 19 SOUTH  
CAMILLA, GA 31730

**New Principal Place of Business:**

**Current Mailing Address:**

1201 EDEN ISLE DRIVE NE  
SAINT PETERSBURG, FL 33704

**New Mailing Address:**

529 MORENO CIRCLE, NE  
ST. PETERSBURG, FL 33704

**FEI Number:** 58-2186776

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired ( )**

**Name and Address of Current Registered Agent:**

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

**Name and Address of New Registered Agent:**

PERRY, CLAUDE F SR.  
732 HARBOR BOULEVARD  
DESTIN, FL 32541 US

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.

SIGNATURE: CLAUDE PERRY SR.

01/06/2011

Electronic Signature of Registered Agent

Date

**MANAGING MEMBERS/MANAGERS:**

Title: MGRM  
Name: PERRY MERGLER, KIMBERLY  
Address: 78 U.S. 19 SOUTH  
City-St-Zip: CAMILLA, GA 31730

Title: MGRM  
Name: PERRY ZWACK, EVA  
Address: 78 U.S. 19 SOUTH  
City-St-Zip: CAMILLA, GA 31730

Title: MGRM  
Name: PERRY NICKLES, CATHERINE  
Address: 78 U.S. 19 SOUTH  
City-St-Zip: CAMILLA, GA 31730

Title: MGR  
Name: PERRY, CLAUDE F SR.  
Address: U.S. 19 SOUTH  
City-St-Zip: CAMILLA, GA 31730

I hereby certify that the information indicated on this report is true and accurate and that my electronic 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: EVA PERRY ZWACK

MGRM

01/06/2011

Electronic Signature of Signing Managing Member, Manager, or Authorized Representative / Date