## 2006 LIMITED LIABILITY COMPANY ANNUAL REPORT

## **DOCUMENT # L00000007289 Secretary of State** 01-17-2006 90056 036 \*\*\*\*50.00 PEANUT PROPERTIES, LLC Principal Place of Business Mailing Address 9129 16TH AVE CIR NW 9129 16TH AVE CIR NW BRADENTON, FL 34209 BRADENTON, FL 34209 3. Mailing Address 2. Principal Place of Business Suite Apt # etc. Suite, Apt. #, etc. 01052006 Chq-LLC CR2E083 (11/05) City & State 4. FEI Number Applied For City & State 65-1097478 Not Applicable Zip Country Zip Country \$5.00 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent Name LEHMAN, TIMOTHY P Street Address (P.O. Box Number is Not Acceptable) 9129 16TH AVE, CIR.N.W. **BRADENTON, FL 34209** City 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, typed or printed name of registered agent and title if applicable. DATÉ (NOTE: Registered Agent signature required when reinstating) Filing Fee is \$50.00 Due by May 1, 2006 Make check payable to Florida Department of State MANAGING MEMBERS/MANAGERS ADDITIONS/CHANGES 9. 10. MGRM ☐ Addition TITLE MLE A Delete ☐ Change DIGNITAS, INC. NAME NAME STREET ADDRESS 9129 16TH AV. CIR N.W. STREET ADDRESS CITY-ST-ZIP BRADENTON, FL 34209 CITY-ST-ZIP MGRM ☐ Delete TITLE ☐ Change ☐ Addition MBK PROPERTIES, INC. NAME NAME 301 17TH ST. E. STREET ADDRESS STREET ADDRESS BRADENTON, FL 34208 CITY-ST-ZIP CITY-ST-ZIP MGRM GATE CENTER, LLC 9129 16TH AVE. CIR. MW. ☐ Change ☐ Delete TITLE Addition TITLE NAME NAME STREET ADDRESS STREET ADDRESS BRADENTON, FL 34209 CITY-ST-ZIP CITY-ST-7IP TITLE ☐ Delete TITLE ■ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Defete TITLE Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-7IP CITY-ST-ZIP ☐ Delete TITLE ШЕ ☐ Channe ☐ 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 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.

CICALATURE.

TIMOTHYP. LEHMAN

16/06

FILED

Jan 17, 2006 8:00 am