

**LIMITED LIABILITY COMPANY
UNIFORM BUSINESS REPORT (UBR)**

FILED
May 22, 2002 8:00 am
Secretary of State

05-22-2002 90205 028 ****50.00

DOCUMENT # L00000012191
1. Entity Name
PEPE ENTERPRISES, LLC

DO NOT WRITE IN THIS SPACE

965724

2. Principal Place of Business
1045 Morning Sun Way
Suite, Apt. #, etc.

3. Mailing Address
1045 Morning Sun Way
Suite, Apt. #, etc.

DO NOT WRITE IN THIS SPACE

City & State
Las Vegas, NV

City & State
Las Vegas, NV

4. FEI Number
65-1050793

Applied For
Not Applicable

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

Zip Country Zip Country
89110 USA 89110 USA

**DO NOT WRITE
IN THIS SPACE**

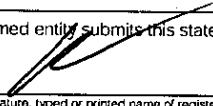
7. Name and Address of Current Registered Agent

Name
Bernard A. Singer, Esq.

Street Address (P.O. Box Number is Not Acceptable)
3107 Stirling Road, Suite 105

City
Ft. Lauderdale FL Zip Code
33312

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.

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

5/3/02
DATE

FEE IS \$50.00
Make Check Payable to Department of State
DUE BY MAY 1

9. MANAGING MEMBERS / MANAGERS

TITLE NAME STREET ADDRESS CITY - ST - ZIP	Member Harry N. Pepe, Jr. Living Trust 1045 Morning Sun Way Las Vegas, NV 89110	TITLE NAME STREET ADDRESS CITY - ST - ZIP	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	Member Lucille Scaglione 1045 Morning Sun Way Las Vegas, NV 89110	TITLE NAME STREET ADDRESS CITY - ST - ZIP	
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CR2E083B (12/01)

11. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), 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 698, Florida Statutes.

SIGNATURE: 
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE

Date
5/3/02
Daytime Phone #