
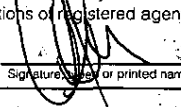
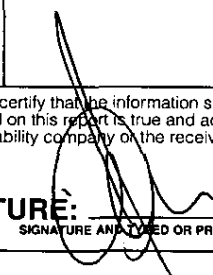


2004 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
May 03, 2004 8:00 am
Secretary of State

05-03-2004 90138 033 *****50.00

DOCUMENT # L03000014662 1. Entity Name PEPPERS MANAGEMENT, LLC					
Principal Place of Business 7330 OCEAN TERRACE APARTMENT 901 MIAMI BEACH, FL 33141 US			Mailing Address 7330 OCEAN TERRACE APARTMENT 901 MIAMI BEACH, FL 33141 US		
2. Principal Place of Business 130 DEL PRADO BLVD. S.		3. Mailing Address 130 DEL PRADO BLVD. S.			
Suite, Apt. #, etc. SUITE 1		Suite, Apt. #, etc. SUITE 1			
City & State CAPE CORAL, FL		City & State CAPE CORAL, FL			
Zip 33990-1700	Country USA	Zip 33990-1700	Country USA		
6. Name and Address of Current Registered Agent SAVLOFF, EDUARDO 7330 OCEAN TERRACE APARTMENT 901 MIAMI BEACH, FL 33141			7. Name and Address of New Registered Agent Name SAVLOFF, EDUARDO Street Address (P.O. Box Number is Not Acceptable) 130 DEL PRADO BLVD. S. SUITE 1 City CAPE CORAL FL Zip Code 33990		
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  EDUARDO SAVLOFF, MANAGER 4/30/04 <small>Signature of registered agent or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating.) DATE</small>					
Filing Fee is \$50.00 Due by May 1, 2004		Make check payable to Florida Department of State			
9. MANAGING MEMBERS/MANAGERS			10. ADDITIONS/CHANGES		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGR SAVLOFF, GUSTAVO 7330 OCEAN TERRACE, APARTMENT 901 MIAMI BEACH, FL 33141 <input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGR <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition SAVLOFF, GUSTAVO 1815 N.E. 6TH STREET CAPE CORAL, FL 33909	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM SAVLOFF, EDUARDO 7330 OCEAN TERRACE, APARTMENT 901 MIAMI BEACH, FL 33141 <input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition SAVLOFF, EDUARDO 1815 N.E. 6TH STREET CAPE CORAL, FL 33909	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
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 608, Florida Statutes.					
SIGNATURE: 			EDUARDO SAVLOFF, MGR 4/30/04 (239) 772-7999		
<small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE</small>			<small>Date Daytime Phone #</small>		

24063868



04292004 Chg-LLC CR2E083 (10/03)

4. FEI Number **83-0357630** Applied For ☐ Not Applicable ☐

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