


2004 LIMITED LIABILITY COMPANY ANNUAL REPORT (AR)

FILED
Apr 16, 2004 8:00 am
Secretary of State

04-16-2004 90419 008 ****50.00

DOCUMENT # L03000017189	
1. Entity Name JOE PETER, L.L.C	

Principal Place of Business 5419 DECATUR STREET ORLANDO FL 32807 US	Mailing Address 5419 DECATUR STREET ORLANDO FL 32807 US
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2. Principal Place of Business 25002 E Colonial Dr	3. Mailing Address 25002 E Colonial Dr
Suite, Apt. #, etc.	Suite, Apt. #, etc.

City & State Christmas FL	City & State Christmas, FL
Zip 32709	Zip 32709
Country USA	Country

4. FEI Number 75-3114920	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/> \$5.00 Additional Fee Required	

6. Name and Address of Current Registered Agent AWAD, ALICE I 5419 DECATUR STREET ORLANDO FL 32807	
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7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) 1802 Oak Grove Chase 25002 E. Colonial Drive City Christmas FL Zip Code 32709	
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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 X Alice Awad	DATE 04-12-04

<p align="center">FILE NOW!!! FEE IS \$50.00 Make Check Payable to Florida Department of State Due By May 1, 2004</p>	
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9. MANAGING MEMBERS/MANAGERS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete MGR AWAD, ALICE I 5419 DECATUR STREET ORLANDO FL 32807
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete

10. ADDITIONS/CHANGES	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition 25002 E Colonial Dr Christmas FL 32709
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"/> Change <input type="checkbox"/> Addition
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"/> Change <input type="checkbox"/> Addition
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.	
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SIGNATURE: X Alice Awad	DATE: 04-12-04	Daytime Phone #
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE		