


2005 LIMITED LIABILITY COMPANY ANNUAL REPORT (AR)

FILED
Mar 08, 2005 8:00 am
Secretary of State

03-08-2005 90029 032 ****50.00

DOCUMENT # L03000035962
 1. Entity Name
PEGGY J. DIETERICH, LLC



Principal Place of Business
**750 PALM AVE.
 BOCA GRANDE FL 33921**

Mailing Address
**P.O. BOX 757
 BOCA GRANDE FL 33921**



2. Principal Place of Business
211 Rotonda Blvd West
 Suite, Apt. #, etc.
Unit B
 City & State

3. Mailing Address
211 Rotonda Blvd West
 Suite, Apt. #, etc.
Unit B
 City & State

1st MOORE CR2E083 (10/04)

Rotonda West, FL
 Zip *33947* Country *USA*

Rotonda West, FL
 Zip *33947* Country *USA*

4. FEI Number **20-0551172** Applied For
 Not Applicable

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

6. Name and Address of Current Registered Agent
**DIETERICH, PEGGY J
 750 PALM AVE.
 BOCA GRANDE FL 33921**

7. Name and Address of New Registered Agent
 Name *Dieterich, Peggy J*
 Street Address (P.O. Box Number is Not Acceptable)
211 ROTONDA Blvd West, Unit B
 City *Rotonda West* FL Zip Code *33947*

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 _____ (NOTE Registered Agent signature required when reinstating) DATE _____
 Signature, typed or printed name of registered agent and title if applicable

FILE NOW!!! FEE IS \$50.00
Make Check Payable to Florida Department of State
Due By May 1, 2005

9. MANAGING MEMBERS/MANAGERS

TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRA DLETERICH, PEGGY JO 750 PALM BOX 757 BOCA GRANDE FL 33921	<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	MGRA Dieterich, Peggy Jo 211 ROTONDA Blvd West, Unit B ROTONDA West, FL 33947	<input checked="" 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
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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: *Peggy J Dieterich*
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE Date Daytime Phone #