



FILED
May 10, 2004 8:00 am
Secretary of State

04-09-2004 90216 048 ***150.00

2004 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT # L03000051112					
1. Entity Name PEPE BAUTISTA, LLC					
Principal Place of Business 1960 EAST OSCEOLA PARKWAY KISSIMMEE, FL 34743			Mailing Address 1960 EAST OSCEOLA PARKWAY KISSIMMEE, FL 34743		
2. Principal Place of Business			3. Mailing Address		
Suite, Apt. #, etc.			Suite, Apt. #, etc.		
City & State			City & State		
Zip	Country	Zip	Country	4. FEI Number 20-0570391	
				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			7. Name and Address of New Registered Agent		
BAUTISTA, MARIN 1960 EAST OSCEOLA PARKWAY KISSIMMEE, FL 34743			Name		
			Street Address (P.O. Box Number is Not Acceptable)		
			City		
			FL 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 _____ DATE _____ <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when registering)</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	Medical Doctor <input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition		
NAME	MARIN Bautista,	NAME			
STREET ADDRESS	1960 E. Osceola Parkway	STREET ADDRESS			
CITY- ST- ZIP	Kissimmee, FL 34743	CITY- ST- ZIP			
	(MANAGING MEMBER)				
TITLE		TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition		
NAME		NAME			
STREET ADDRESS		STREET ADDRESS			
CITY- ST- ZIP		CITY- ST- ZIP			
TITLE		TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition		
NAME		NAME			
STREET ADDRESS		STREET ADDRESS			
CITY- ST- ZIP		CITY- ST- ZIP			
TITLE		TITLE	<input type="checkbox"/> Change <input type="checkbox"/> 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 exemption stated in Section 119.07(3)(c), 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 606, Florida Statutes.					
SIGNATURE: 				Date: 4/7/04	
<small>SIGNATURE AND TYPED OR PRINTED NAME OF REGISTERED MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE</small>				<small>Date Daytime Phone #</small>	

34005641



02062004 Chg-LLC CR2E063 (10/03)

Attachment
34605641

**PEPE BAUTISTA, LLC
1960 E. OSCEOLA PARKWAY
KISSIMMEE, FL 34743**

May 5, 2004

SUBJECT: PEPE BAUTISTA, LLC


REF. NO.: L03000051112

Dear Sirs:

This is to certify that Dr. Marin Bautista is the principal managing partner of the LLC.

Please contact me if you have any questions.

Sincerely,


MARIN BAUTISTA, M.D.