

# 2007 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L03000051112

Entity Name: PEPE BAUTISTA, LLC

FILED  
May 22, 2007  
Secretary of State

**Current Principal Place of Business:**

1960 EAST OSCEOLA PARKWAY  
KISSIMMEE, FL 34743

**New Principal Place of Business:**

790 BUENAVENTURA BOULEVARD  
KISSIMMEE, FL 34743

**Current Mailing Address:**

1960 EAST OSCEOLA PARKWAY  
KISSIMMEE, FL 34743

**New Mailing Address:**

790 BUENAVENTURA BOULEVARD  
KISSIMMEE, FL 34743

FEI Number: 20-0570391      FEI Number Applied For ( )      FEI Number Not Applicable ( )      Certificate of Status Desired ( )  
In accordance with s. 607.193(2)(b), F.S., the limited liability company did not receive the prior notice.

**Name and Address of Current Registered Agent:**

BAUTISTA, MARIN M.D.  
1960 EAST OSCEOLA PARKWAY  
KISSIMMEE, FL 34743      US

**Name and Address of New Registered Agent:**

BAUTISTA, MARIN M.D.  
790 BUENAVENTURA BOULEVARD  
KISSIMMEE, FL 34743      US

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: MARIN BAUTISTA, MD

05/22/2007

Electronic Signature of Registered Agent

Date

**MANAGING MEMBERS/MANAGERS:**

Title: MGRM ( ) Delete  
Name: BAUTISTA, MARIN MD  
Address: 1960 E OSCEOLA PKWY  
City-St-Zip: KISSIMMEE, FL 34743

**ADDITIONS/CHANGES:**

Title: MGRM (X) Change ( ) Addition  
Name: BAUTISTA, MARIN MD  
Address: 790 BUENAVENTURA BOULEVARD  
City-St-Zip: KISSIMMEE, FL 34743

I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Chapter 119, Florida Statutes. I further certify that the information indicated on this report is true and accurate and that my electronic 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: MARIN BAUTISTA

MD

05/22/2007

Electronic Signature of Signing Managing Member, Manager, or Authorized Representative / Date