


**2008 LIMITED LIABILITY COMPANY ANNUAL REPORT**

**FILED**  
**Mar 17, 2008 08:00 A**  
**Secretary of State**

DOCUMENT # L03000051112 1. Entity Name PEPE BAUTISTA, LLC	
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Principal Place of Business 790 BUENAVENTURA BOULEVARD KISSIMMEE, FL 34743	Mailing Address 790 BUENAVENTURA BOULEVARD KISSIMMEE, FL 34743
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DO NOT WRITE IN THIS SPACE



01222008No Chg-LLC CR2E083 (12/07)

4. FEI Number 20-0570391	Applied For Not Applicable
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5. Certificate of Status Desired  \$5.00 Additional Fee Required

6. Name and Address of Current Registered Agent

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

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

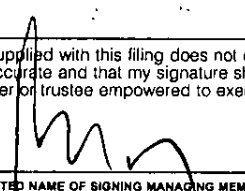
**FILE NOW!!! FEE IS \$138.75**  
**After May 1, 2008 Fee will be \$538.75**

9. MANAGING MEMBERS/MANAGERS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM BAUTISTA, MARIN MD 790 BUENAVENTURA BOULEVARD KISSIMMEE, FL 34743
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U00000861845  
04/03/08-80024-021 138.75

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11. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, 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:  Date: 2/4/08

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, OR AUTHORIZED REPRESENTATIVE Date Overtime Phone #