

# 2006 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L04000001176

Entity Name: E. PETERS COMPANY "L.L.C."

FILED  
May 13, 2006  
Secretary of State

**Current Principal Place of Business:**

998 FAY DRIVE  
MARY ESTHER, FL 32569

**New Principal Place of Business:**

**Current Mailing Address:**

P.O. BOX 2862  
FORT WALTON BEACH, FL 32549

**New Mailing Address:**

FEI Number: 47-6629528      FEI Number Applied For ( )      FEI Number Not Applicable ( )      Certificate of Status Desired (X)  
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:**

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

PETERS, ELEANOR A  
998 FAY DRIVE  
MARY ESTHER, FL 32569      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: \_\_\_\_\_

Electronic Signature of Registered Agent

\_\_\_\_\_ Date

**MANAGING MEMBERS/MANAGERS:**

Title: MGR ( ) Delete  
Name: PETERS, ALDEN G  
Address: P.O. BOX 2862  
City-St-Zip: FORT WALTON BEACH, FL 32549

Title: MGRM ( ) Delete  
Name: PETERS, ELEANOR A  
Address: P.O. BOX 2862  
City-St-Zip: FORT WALTON BEACH, FL 32549

**ADDITIONS/CHANGES:**

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the 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: ALDEN G. PETERS

OWNE

05/13/2006

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