


2008 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
May 27, 2008 8:00 am
Secretary of State

05-27-2008 90371 013 ***138.75

DOCUMENT # L04000001176 1. Entity Name E. PETERS COMPANY "L.L.C."					
Principal Place of Business 998 FAY DRIVE MARY ESTHER, FL 32569			Mailing Address P.O. BOX 2862 FORT WALTON BEACH, FL 32549		
2. Principal Place of Business - No P.O. Box #		3. Mailing Address 998 FAY DRIVE			
Suite, Apt. #, etc.		Suite, Apt. #, etc.			
City & State		City & State MARY ESTHER, FL.			
Zip 32569	Country USA	4. FEI Number 47-6629528		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 PETERS, ELEANOR A 998 FAY DRIVE MARY ESTHER, FL 32569			7. Name and Address of New Registered Agent 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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____					
FILE NOW!!! FEE IS \$138.75 Due by September 12, 2008		In accordance with s. 607.193(2)(b), F.S., the limited liability company did not receive the prior notice.		Make check payable to Florida Department of State	
9. MANAGING MEMBERS/MANAGERS			10. ADDITIONS/CHANGES		
TITLE NAME STREET ADDRESS CITY - ST - ZIP	MGR PETERS, ALDEN G P.O. BOX 2862 FORT WALTON BEACH, FL 32549 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition		
TITLE NAME STREET ADDRESS CITY - ST - ZIP	MGRM PETERS, ELEANOR A P.O. BOX 2862 FORT WALTON BEACH, FL 32549 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition		
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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: <u>Alden G. Peters</u> ALDEN G. PETERS 5-1-08 850-496-7070 <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE Date Daytime Phone #</small>					