

2004 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Apr 30, 2004 8:00 am
Secretary of State

04-30-2004 90066 029 ****50.00

DOCUMENT # L04000001570	
1. Entity Name PETERS 414 DIXIE LLC	

Principal Place of Business C/O LARRY E. SCHNER 750 S. DIXIE HIGHWAY BOCA RATON, FL 33432	Mailing Address C/O LARRY E. SCHNER 750 S. DIXIE HIGHWAY BOCA RATON, FL 33432
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2. Principal Place of Business 6023 LELAC ROAD	3. Mailing Address 6023 LELAC ROAD
Suite, Apt. #, etc.	Suite, Apt. #, etc.

04182004 Chg-LLC CR2E083 (10/03)

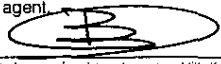
City & State Boca Raton, FL	City & State Boca Raton, FL
Zip 33496	Country Palm Beach
Zip 33496	Country Palm Beach

4. FEI Number 20-0531165	Applied For ☐ Not Applicable
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5. Certificate of Status Desired ☐	\$5.00 Additional Fee Required
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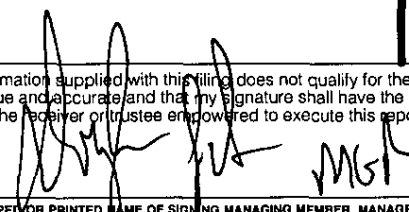
6. Name and Address of Current Registered Agent SCHNER, LARRY E ESQ C/O LARRY E. SCHNER 750 S. DIXIE HIGHWAY BOCA RATON, FL 33432	
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7. Name and Address of New Registered Agent Name BRIAN C. TAMONEY, CPA Street Address (P.O. Box Number is Not Acceptable) 2200 N. FEDERAL HWY # 225 City Boca Raton FL Zip Code 33431	
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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 	DATE 4-17-04

Filing Fee is \$50.00 Due by May 1, 2004	Make check payable to Florida Department of State
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9. MANAGING MEMBERS/MANAGERS		10. ADDITIONS/CHANGES	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGR PETERS, DOUGLAS C/O LARRY E. SCHNER 750 S. DIXIE HIGHWAY BOCA RATON, FL 33432 ☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☒ Change ☐ Addition 6023 LELAC RD Boca Raton, FL 33496
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition

11. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), 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 _____ Daytime Phone # _____