FILED
Mar 30, 2005 8:00 am
Secretary of State
02-22-2005 90070 012 ****50.00

2005 LIMITED LIABILITY COMPANY ANNUAL REPORT

2/

DOCUMENT # L04000032284

1. Entity Name
PETERS 27 & 29 S. DIXIE LLC

Principal Place of Business	Mailing Address
C/O LARRY E. SCHNER, ESQ. 750 S. DIXIE HIGHWAY BOCA RATON, FL 33432	C/O LARRY E. SCHNER, ESQ. 750 S. DIXIE HIGHWAY BOCA RATON, FL 33432
2. Principal Place of Business: 6023 LELAC RD	3. Mailing Address: 6023 LELAC RD
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State: Boca Raton FL	City & State: Boca Raton FL
Zip: 33496 County: PBC	Zip: 33496 County: PBC

02012005 Chg-LLC CR2E083 (10/03)

4. FEI Number: 20-1061398 ☐ Applied For ☐ Not Applicable

5. Certificate of Status Desired ☐ $5.00 Additional Fee Required

6. Name and Address of Current Registered Agent

PETERS, DOUGLAS
6023 LELAC ROAD
BOCA RATON, FL 33432

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

Filing Fee is $50.00
Due by May 1, 2005

Make check payable to Florida Department of State

9. MANAGING MEMBERS/MANAGERS			10. ADDITIONS/CHANGES		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGR PETER, DOUGLAS 750 S. DIXIE HIGWAY BOCA RATON, FL 33432	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGR Doug Peters 6023 Lelac RD Boca Raton FL 33496	☒ 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
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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: ______ 2-16-05
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE Date Daytime Phone #