

Jan 09 07 11:00a

B TAMONEY CPA

FILED
Jan 22, 2007 8:00 am
Secretary of State

01-22-2007 90146 048 ****50.00

**2007 LIMITED LIABILITY COMPANY
ANNUAL REPORT**

DOCUMENT # L04000032284					
1. Entity Name PETERS 27 & 29 S. DIXIE LLC					
Principal Place of Business 6023 LE LAC ROAD BOCA RATON, FL 33496 US			Mailing Address 6023 LE LAC ROAD 750 S. DIXIE HIGHWAY BOCA RATON, FL 33496 US		
2. Principal Place of Business - No P.O. Box #		3. Mailing Address			
Suite, Apt. #, etc.		Suite, Apt. #, etc.			
City & State		City & State			
Zip	Country	Zip	Country	4. FEI Number 20-1061398	
5. Certificate of Status Desired ☐				\$5.00 Additional Fees 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 _____ (NOTE: Registered Agent signature required when registering) DATE _____					
Filing Fee is \$50.00 Due by May 1, 2007		Make check payable to Florida Department of State			
9. MANAGING MEMBERS/MANAGERS			10. ADDITIONS/CHANGES		
TITLE NAME STREET ADDRESS CITY- ST- ZIP	MGR PETERS, DOUGLAS 6023 LE LAC RD BOCA RATON, FL 33496	☐ 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 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 _____ Daytime Phone # _____	

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