06-06-2005 90559 006 ****50.00
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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

2005 LIMITED LIABILITY COMPANY ANNUAL REPORT

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DOCUMENT # L04000077358

1. Entity Name
THE PEPPERPOT HOUSE, LLC

Principal Place of Business	Mailing Address
643 HOME GROVE DRIVE WINTER GARDEN, FL 34787 US	643 HOME GROVE DRIVE WINTER GARDEN, FL 34787 US

06252005 Chg-LLC CR2E083 (10/03)

2. Principal Place of Business	3. Mailing Address
NONE	643 Home Grove Dr
Suite, Apt. #, etc.	Suite, Apt. #, etc. Winter Garden
City & State	City & State FL
Zip / Country	Zip 34787 / Country ORANGE

4. FEI Number 20-1794330 — Applied For / Not Applicable

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

6. Name and Address of Current Registered Agent
RAMASAMI, REGINALD
643 HOME GROVE DRIVE
WINTER GARDEN, FL 34787

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 September 7, 2005

Make check payable to Florida Department of State

9. MANAGING MEMBERS/MANAGERS

TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM RAMASAMI, REGINALD 643 HOME GROVE DRIVE WINTER GARDEN, FL 34787	☐ Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MEM GOPILALL, WALLIS 6110 BALBOA DRIVE ORLANDO, FL 32808	☐ Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Delete

10. ADDITIONS/CHANGES

TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Change	☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Change	☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Change	☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Change	☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Change	☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Change	☐ Addition

Problems Impact & Fees
Business in operation 1 yr & 3 ms

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: Reginald Ramasami 5/31/05
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE — Date — Daytime Phone #

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