


**2006 LIMITED LIABILITY COMPANY
ANNUAL REPORT (AR)**

FILED
Mar 23, 2006 8:00 am
Secretary of State

02-20-2006 90144 006 ****50.00

DOCUMENT # L04000094352			
1. Entity Name PETE VREELAND L.L.C.			
Principal Place of Business 2974 CAPTIVA GARDENS DR SARASOTA FL 34231		Mailing Address 2974 CAPTIVA GARDENS DR SARASOTA FL 34231	
2. Principal Place of Business		3. Mailing Address	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State		City & State	
Zip	Country	Zip	Country
4. FEI Number		AP-PLIED FOR	
5. Certificate of Status Desired		<input type="checkbox"/> \$5.00 Additional Fee Required	
6. Name and Address of Current Registered Agent			
VREELAND, PETE 2974 CAPTIVA GARDENS DR SARASOTA FL 34231			
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 re-registering) DATE _____			
FILE NOW!!! FEE IS \$50.00 Make Check Payable to Florida Department of State Due By May 1, 2006			
9. MANAGING MEMBERS / MANAGERS			
TITLE	MGR	<input type="checkbox"/> Delete	
NAME	VREELAND, PETE		
STREET ADDRESS	2974 CAPTIVA GARDENS DR		
CITY - ST - ZIP	SARASOTA FL 34231		
TITLE		<input type="checkbox"/> Delete	
NAME			
STREET ADDRESS			
CITY - ST - ZIP			
TITLE		<input type="checkbox"/> Delete	
NAME			
STREET ADDRESS			
CITY - ST - ZIP			
TITLE		<input type="checkbox"/> Delete	
NAME			
STREET ADDRESS			
CITY - ST - ZIP			
TITLE		<input type="checkbox"/> Delete	
NAME			
STREET ADDRESS			
CITY - ST - ZIP			
10. ADDITIONS / CHANGES			
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME			
STREET ADDRESS			
CITY - ST - ZIP			
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME			
STREET ADDRESS			
CITY - ST - ZIP			
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME			
STREET ADDRESS			
CITY - ST - ZIP			
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME			
STREET ADDRESS			
CITY - ST - ZIP			
11. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Section 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: _____ SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE			
Date _____ Daytime Phone # _____			



ATTACHMENT

30003190

FLORIDA DEPARTMENT OF STATE
Division of Corporations

February 22, 2006

PETE VREELAND L.L.C.
2974 CAPTIVA GARDENS DR
SARASOTA, FL 34231

Subject: PETE VREELAND L.L.C.

Reference Number: L04000094352

Please be advised, we have received your annual report/uniform business report and your check(s) totaling \$50.00; however, the report **has not been filed** and a copy is being returned for the following correction(s):

Because our records reflect the above referenced entity previously applied for its Federal Employer Identification (FEI) Number, it must now include its FEI number on the annual report/uniform business report or attach a photocopy of the FEI number application to the document before we can complete your filing.

After the corrections have been made, please return the report to: Division of Corporations, P.O. Box 6478, Tallahassee, Florida 32314 within 30 days from the date of this letter.

If you have additional questions or need further assistance, please call the Division of Corporations at (850) 245-6051.

/CD
ANNUAL REPORTS SECTION

ATTACHMENT

30003190

204000094352

Form

SS-4

Application for Employer Identification Number

(Rev. December 2001)
Department of the Treasury
Internal Revenue Service

(For use by employers, corporations, partnerships, trusts, estates, churches,
government agencies, Indian tribal entities, certain individuals, and others.)

EIN

OMB No. 1545-0003

▶ See separate instructions for each line. ▶ Keep a copy for your records.

Type or print clearly.	1 Legal name of entity (or individual) for whom the EIN is being requested <u>PETE VREELAND L.L.C.</u>	3 Executor, trustee, "care of" name
	2 Trade name of business (if different from name on line 1)	
	4a Mailing address (room, apt., suite no. and street, or P.O. box) <u>2974 CAPTIVE GARDENS DR</u>	5a Street address (if different) (Do not enter a P.O. box.)
	4b City, state, and ZIP code <u>SARASOTA, FLA 34231</u>	5b City, state, and ZIP code
	6 County and state where principal business is located <u>SARASOTA, FLA</u>	
	7a Name of principal officer, general partner, grantor, owner, or trustor	7b SSN, ITIN, or EIN

8a Type of entity (check only one box)	<input type="checkbox"/> Estate (SSN of decedent)
<input checked="" type="checkbox"/> Sole proprietor (SSN) <u>363 48 5040</u>	<input type="checkbox"/> Plan administrator (SSN)
<input type="checkbox"/> Partnership	<input type="checkbox"/> Trust (SSN of grantor)
<input type="checkbox"/> Corporation (enter form number to be filed) ▶	<input type="checkbox"/> National Guard <input type="checkbox"/> State/local government
<input type="checkbox"/> Personal service corp.	<input type="checkbox"/> Farmers' cooperative <input type="checkbox"/> Federal government/military
<input type="checkbox"/> Church or church-controlled organization	<input type="checkbox"/> REMIC <input type="checkbox"/> Indian tribal governments/enterprises
<input type="checkbox"/> Other nonprofit organization (specify) ▶	Group Exemption Number (GEN) ▶
<input type="checkbox"/> Other (specify) ▶	

8b If a corporation, name the state or foreign country (if applicable) where incorporated	State	Foreign country
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9 Reason for applying (check only one box)	<input type="checkbox"/> Banking purpose (specify purpose) ▶
<input checked="" type="checkbox"/> Started new business (specify type) ▶ <u>PAINTING</u>	<input type="checkbox"/> Changed type of organization (specify new type) ▶
<input type="checkbox"/> Hired employees (Check the box and see line 12.)	<input type="checkbox"/> Purchased going business
<input type="checkbox"/> Compliance with IRS withholding regulations	<input type="checkbox"/> Created a trust (specify type) ▶
<input type="checkbox"/> Other (specify) ▶	<input type="checkbox"/> Created a pension plan (specify type) ▶

10 Date business started or acquired (month, day, year) <u>12-20-04</u>	11 Closing month of accounting year <u>DECEMBER</u>
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12 First date wages or annuities were paid or will be paid (month, day, year). Note: If applicant is a withholding agent, enter date income will first be paid to nonresident alien. (month, day, year) ▶ <u>N/A</u>
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13 Highest number of employees expected in the next 12 months. Note: If the applicant does not expect to have any employees during the period, enter "-0-". ▶	Agricultural	Household	Other
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14 Check one box that best describes the principal activity of your business.	<input type="checkbox"/> Health care & social assistance	<input type="checkbox"/> Wholesale-agent/broker
<input checked="" type="checkbox"/> Construction	<input type="checkbox"/> Rental & leasing	<input type="checkbox"/> Accommodation & food service
<input type="checkbox"/> Real estate	<input type="checkbox"/> Transportation & warehousing	<input type="checkbox"/> Wholesale-other
<input type="checkbox"/> Manufacturing	<input type="checkbox"/> Finance & insurance	<input type="checkbox"/> Retail
<input type="checkbox"/> Other (specify)		

15 Indicate principal line of merchandise sold; specific construction work done; products produced; or services provided. <u>PAINTING</u>
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16a Has the applicant ever applied for an employer identification number for this or any other business? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
Note: If "Yes," please complete lines 16b and 16c.

16b If you checked "Yes" on line 16a, give applicant's legal name and trade name shown on prior application if different from line 1 or 2 above.	
Legal name ▶	Trade name ▶

16c Approximate date when, and city and state where, the application was filed. Enter previous employer identification number if known.		
Approximate date when filed (mo., day, year)	City and state where filed	Previous EIN

Third Party Designee	Complete this section only if you want to authorize the named individual to receive the entity's EIN and answer questions about the completion of this form.	
	Designee's name	Designee's telephone number (include area code)
	Address and ZIP code	Designee's fax number (include area code)

Under penalties of perjury, I declare that I have examined this application, and to the best of my knowledge and belief, it is true, correct, and complete.	
Name and title (type or print clearly) ▶ <u>PETE VREELAND - PRESIDENT</u>	Applicant's telephone number (include area code) <u>(941) 924-1223</u>
Signature ▶ <u>[Signature]</u>	Applicant's fax number (include area code) ()
Date ▶ <u>3/21/06</u>	