


# 2007 LIMITED LIABILITY COMPANY ANNUAL REPORT

**FILED**  
**May 02, 2007 8:00 am**  
**Secretary of State**

05-02-2007 90356 003 \*\*\*\*50.00

|  |  |  |  |   |   |
|--|--|--|--|---|---|
| <b>DOCUMENT # L05000012604</b><br>1. Entity Name<br><b>PEGIS PROPERTIES LLC</b>  |  |  |  |    |   |
| Principal Place of Business<br><b>628 PENN NATIONAL RD<br/>SEFFNER, FL 33584</b>   |  |  | Mailing Address<br><b>628 PENN NATIONAL RD<br/>SEFFNER, FL 33584</b> |   |   |
| 2. Principal Place of Business - No P.O. Box #   |  | 3. Mailing Address   |  |   |   |
| Suite, Apt. #, etc.  |  | Suite, Apt. #, etc.  |  |   |   |
| City & State   |  | City & State   |  | 4. FEI Number<br><b>20-2317893</b>  |   |
| Zip  |  | Country  |  | 5. Certificate of Status Desired <input type="checkbox"/> <b>\$5.00 Additional Fee Required</b>   |   |
| 6. Name and Address of Current Registered Agent<br><br><b>CUNNINGHAM, JOHN L<br/>628 PENN NATIONAL RD<br/>SEFFNER, FL 33584</b>  |  |  |  | 7. Name and Address of New Registered Agent<br>Name<br>Street Address (P.O. Box Number is Not Acceptable)<br>City   |   |
| 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 _____<br><small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)</small> |   |
| <b>Filing Fee is \$50.00<br/>Due by May 1, 2007</b>  |  | <b>Make check payable to<br/>Florida Department of State</b> |  |   |   |
| 9. MANAGING MEMBERS/MANAGERS   |  |  |  | 10. ADDITIONS/CHANGES   |   |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP   | MGRM<br>CUNNINGHAM, JOHN L<br>628 PENN NATIONAL RD<br>SEFFNER, FL 33584 <input type="checkbox"/> Delete            |  |  | TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP  | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP   | MGRM<br>CUNNINGHAM, PAMELA<br>628 PENN NATIONAL RD<br>SEFFNER, FL 33584 <input checked="" type="checkbox"/> Delete |  |  | TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP  | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP   | MGRM<br>GOFF, JASON G<br>17939 TIMBER VIEW ST<br>TAMPA, FL 33647 <input checked="" type="checkbox"/> Delete        |  |  | TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP  | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP   | MGRM<br>GOFF, KERIN<br>17939 TIMBER VIEW ST<br>TAMPA, FL 33647 <input checked="" type="checkbox"/> Delete          |  |  | TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP  | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP   | <input type="checkbox"/> Delete  |  |  | TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP  | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
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| 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. |  |  |  |   |   |
| <b>SIGNATURE:</b> <u>John L. Cunningham</u> <b>JOHN L. CUNNINGHAM</b> <u>4/29/07</u> <u>813-684-0457</u><br><small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE Date Daytime Phone #</small>  |  |  |  |   |   |