## 2006 LIMITED LIABILITY COMPANY ANNUAL REPORT

## **Secretary of State** DOCUMENT # L05000047126 02-16-2006 90143 016 \*\*\*\*50.00 EBIN PEPPER SUNSET BAY, LLC Principal Place of Business Mailing Address 2621 PALISADE AVENUE SUITE 15C 2621 PALISADE AVENUE SUITE 15C RIVERDALE, NY 10463 RIVERDALE, NY 10463 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. 02072006 Chq-LLC CR2E083 (11/05) Applied For City & State City & State 4. FEI Number 20-3139058 Not Applicable Country \$5.00 Additional 5. Certificate of Status Desired 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent BOLZ, CHARLES S ESQ. Street Address (P.O. Box Number is Not Acceptable) 5 HARVARD CIRCLE, SUITE 100 WEST PALM BEACH, FL 33409 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 Signature, typed or printed name of registered agent and title if applicable. Filing Fee is \$50.00 Due by May 1, 2006 Make check payable to Florida Department of State ADDITIONS/CHANGES MANAGING MEMBERS/MANAGERS 10. 9. t MGRM ☐ Delete TITLE TITLE NAME EBIN, LOIS NAME STREET ADDRESS STREET ADDRESS 2621 PALISADE AVENUE, SUITE 15C CITY-ST-ZIP WEST PALM BEACH, FL 33409 RIVERDALE CITY-ST-ZIP **Addition** ☐ Delete TITLE TITLE THOMAS PEPPER NAME NAME AVE NUE 2621 PALISTOE STREET ADDRESS STREET ADDRESS RIVERDALE CITY-ST-ZIP CITY+ST-7IP Change ■ Addition ☐ Delete TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Change ☐ Addition TITLE ☐ Defete TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-7/P CITY-ST-ZIP ☐ Change ☐ Addition TITLE ☐ Delete TITLE NAME NAME STREET ADDRESS STREET ADDRESS ič CITY-ST-7IP CITY-ST-ZIP ☐ Addition ☐ Delete TITLE TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-SI-ZIP--CITY-ST-ZIP 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.

Thomas Pepper

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SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE

FILED Feb 16, 2006 8:00 am