2006 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L05000055837

Current Principal Place of Business:

Entity Name: PETER PICKLE LLC

Apr 28, 2006 Secretary of State

1829 BROOKWOOD ROAD JACKSONVILLE, FL 32207 US **Current Mailing Address: New Mailing Address:** 1829 BROOKWOOD ROAD JACKSONVILLE, FL 32207 US FEI Number: 20-2973421 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired (X) Name and Address of Current Registered Agent: Name and Address of New Registered Agent: SIHA, CHRISTINA 1216 SOUTH MISSOURI AVE #406 CLEARWATER, FL 33756 US 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. SIGNATURE: Electronic Signature of Registered Agent Date

MANAGING MEMBERS/MANAGERS:

MGRM () Delete

KRAUS, WENDY Name:

MGRM

Address: 150 WEST 49TH STREET APT 3F City-St-Zip: NEW YORK, NY 10019 US

Title: () Delete Name: JOHNSON, AMY N

Address: 1829 BROOKWOOD ROAD City-St-Zip: JACKSONVILLE, FL 32207 US

Title: MGRM () Delete O'CONNOR, CHRISTOPHER Name:

Address: 1829 BROOKWOOD ROAD City-St-Zip: JACKSONVILLE, FL 32207 US

ADDITIONS/CHANGES:

Title: () Change () Addition

New Principal Place of Business:

Name: Address: City-St-Zip:

> Title: () Change () Addition

Name: Address: City-St-Zip:

Title: () Change () Addition Name:

Address: City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the for the exemption stated in Chapter 119, Florida Statutes. I further certify that the information indicated on this report is true and accurate and that my electronic 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: WENDY KRAUS **MGRM** 04/28/2006