


Jan 09 07 11:00a

B TAMONEY CPA

**FILED**  
**Jan 22, 2007 8:00 am**  
**Secretary of State**

01-22-2007 90146 050 \*\*\*\*50.00

**2007 LIMITED LIABILITY COMPANY  
 ANNUAL REPORT**

<b>DOCUMENT # L05000059299</b> 1. Entity Name <b>PETERS 3377 N. FEDERAL HIGHWAY, LLC</b>					
Principal Place of Business <b>6023 LE LAC ROAD          BOCA RATON, FL 33496</b>			Mailing Address <b>6023 LE LAC ROAD          BOCA RATON, FL 33496</b>		
2. Principal Place of Business - No P.O. Box #		3. Mailing Address			
Suite, Apt. #, etc.		Suite, Apt. #, etc.			
City & State		City & State			
Zip	Country	Zip	Country		
6. Name and Address of Current Registered Agent				7. Name and Address of New Registered Agent	
<b>PETERS, DOUGLAS R          6023 LE LAC ROAD          BOCA RATON, FL 33496</b>				Name  Street Address (P.O. Box Number is Not Acceptable)   City <div style="text-align: right; float: right;"> <b>FL</b>    Zip Code         </div>	
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 _____ <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 \$80.00          Due by May 1, 2007</b>		<b>Make check payable to          Florida Department of State</b>			
9. MANAGING MEMBERS/MANAGERS			10. ADDITIONS/CHANGES		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM <b>PETERS, DOUGLAS R</b> <b>6023 LE LAC ROAD</b> <b>BOCA RATON, FL 33496</b> <input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
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TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
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> _____ <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE</small>			Date <b>1-18-07</b> <small>Date</small>		

60004375



01062007 Chg-LLC CR2E083 (12/06)

 4. FEI Number  
**20-4380194**

 Applied For  
 Not Applicable

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

Zip Code