


**2007 LIMITED LIABILITY COMPANY  
ANNUAL REPORT**

**FILED**  
**May 02, 2007 08:00 A**  
**Secretary of State**

<b>DOCUMENT # L05000075142</b> 1. Entity Name <b>PEPPER PRODUCTS, LLC</b>	
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Principal Place of Business <b>901 BIRDIE WAY ST. AUGUSTINE, FL 32080</b>	Mailing Address <b>1093 A1A BEACH BLVD., SUITE 200 ST. AUGUSTINE, FL 32080-6733</b>
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02152007 No Chg-LLC

CR2E083 (11/05)

**DO NOT WRITE IN THIS SPACE**

4. FEI Number <b>20-3241693</b>	Applied For <input type="checkbox"/> Not Applicable
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5. Certificate of Status Desired <input type="checkbox"/>	<b>\$5.00</b> Additional Fee Required
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6. Name and Address of Current Registered Agent  <b>SNIDER, JAMES L 901 BIRDIE WAY ST. AUGUSTINE, FL 32080</b>
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<b>DO NOT WRITE IN THIS SPACE</b>
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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 \_\_\_\_\_  
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

**Filing Fee is \$50.00  
Due by May 1, 2007**

110000075145  
05/23/07-80059-016 50.00

9. MANAGING MEMBERS/MANAGERS	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	MGR BRAECKEL, MARCUS B 218 FLORIDA BLVD. NEPTUNE BEACH, FL 32266
TITLE NAME STREET ADDRESS CITY - ST - ZIP	MGRM BATES, WANDA R 539 DEER PATH ROAD GREEN COVE SPRINGS, FL 32043
TITLE NAME STREET ADDRESS CITY - ST - ZIP	MGRM SNIDER, JAMES L 901 BIRDIE WAY ST. AUGUSTINE, FL 32080
TITLE NAME STREET ADDRESS CITY - ST - ZIP	MGRM CLAUSON, HENRY E 4621 PEELE ST ELKTON, FL 32033
TITLE NAME STREET ADDRESS CITY - ST - ZIP	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	

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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.

**SIGNATURE:** *Henry E Clauson* **HENRY E CLAUSON** **4/27/07** **(904) 876-4317**  
SIGNATURE AND TYPED OR PRINTED NAME OF SIKING MANAGING MEMBER, OR AUTHORIZED REPRESENTATIVE Date Daytime Phone #