

2006 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L05000082691

Entity Name: PETER POLITIS, LLC

FILED
Apr 17, 2006
Secretary of State

Current Principal Place of Business:

11131 KNOTTY PINE DRIVE
NEW PORT RICHEY, FL 34654

New Principal Place of Business:

Current Mailing Address:

11131 KNOTTY PINE DRIVE
NEW PORT RICHEY, FL 34654

New Mailing Address:

FEI Number: 20-3386254

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

POLITIS, ATHENA M
11131 KNOTTY PINE DRIVE
NEW PORT RICHEY, FL 34654 US

Name and Address of New Registered Agent:

POLITIS, ATHENA M V
11131 KNOTTY PINE DRIVE
NEW PORT RICHEY, FL 34654 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: ATHENA M. POLITIS

04/17/2006

Electronic Signature of Registered Agent

Date

MANAGING MEMBERS/MANAGERS:

Title: MGR () Delete
Name: POLITIS, PETER
Address: 11131 KNOTTY PINE DRIVE
City-St-Zip: NEW PORT RICHEY, FL 34654

Title: MGR () Delete
Name: POLITIS, ATHENA M
Address: 11131 KNOTTY PINE DRIVE
City-St-Zip: NEW PORT RICHEY, FL 34654

ADDITIONS/CHANGES:

Title: MGR (X) Change () Addition
Name: POLITIS, PETER P
Address: 11131 KNOTTY PINE DRIVE
City-St-Zip: NEW PORT RICHEY, FL 34654

Title: MGR (X) Change () Addition
Name: POLITIS, ATHENA M V
Address: 11131 KNOTTY PINE DRIVE
City-St-Zip: NEW PORT RICHEY, FL 34654

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: ATHENA M. POLITIS

V

04/17/2006

Electronic Signature of Signing Managing Member, Manager, or Authorized Representative / Date