

2006 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L05000089591

Entity Name: CEPECE, LLC

FILED
May 03, 2006
Secretary of State

Current Principal Place of Business:

907 BELLE TIMBRE AVE
BRANDON, FL 33511 US

New Principal Place of Business:

Current Mailing Address:

907 BELLE TIMBRE AVE
BRANDON, FL 33511 US

New Mailing Address:

FEI Number: 20-3455500 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired ()
In accordance with s. 607.193(2)(b), F.S., the limited liability company did not receive the prior notice.

Name and Address of Current Registered Agent:

LEIGH, COLIN
907 BELLE TIMBRE AVE
BRANDON, FL 33511 US

Name and Address of New Registered Agent:

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:

Title: MGRM () Delete
Name: LEIGH, COLIN
Address: 907 BELLE TIMBRE AVE
City-St-Zip: BRANDON, FL 33511 US

Title: MGRM () Delete
Name: LEIGH, PETER
Address: 8799 DEBLANC PL
City-St-Zip: MANASSAS, VA 20110 US

Title: MGRM () Delete
Name: DUCK, CHARLES
Address: 13515 ACCORD CT
City-St-Zip: GAINESVILLE, VA 20150 US

ADDITIONS/CHANGES:

Title: () Change () Addition
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: COLIN LEIGH

MGRM

05/03/2006

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