

2007 LIMITED LIABILITY COMPANY AMENDED ANNUAL REPORT

DOCUMENT# L06000035108

FILED
Mar 27, 2007
Secretary of State

Entity Name: PETE & PETE LAPLANTE, LLC

Current Principal Place of Business:

2635 CAPTAIN DR
DELTONA, FL 32738 US

New Principal Place of Business:

Current Mailing Address:

2635 CAPTAIN DR
DELTONA, FL 32738 US

New Mailing Address:

FEI Number: 20-4688199

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

ALL FLORIDA FIRM INC.
465 S VOPLUSIA AVE
SUITE C
ORANGE CITY, FL 32763 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: LAPLANTE, PETER JR
Address: 2635 CAPTAIN DR
City-St-Zip: DELTONA, FL 32738

Title: MGRM () Delete
Name: LAPLANTE, PETER SR
Address: 2635 CAPTAIN DR
City-St-Zip: DELTONA, FL 32738

Title: () Delete
Name:
Address:
City-St-Zip:

ADDITIONS/CHANGES:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: MGR () Change (X) Addition
Name: BOUDREAU, ROBERT R
Address: 210 WOODHAVEN W CIRCLE
City-St-Zip: ORMOND BEACH, FL 32174

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: PETER LAPLANTE JR.

MGRM

03/27/2007

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