

2008 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L06000037773

Entity Name: 2NDPETER.COM LLC

FILED
Jun 10, 2008
Secretary of State

Current Principal Place of Business:

2130 16TH AVENUE EAST
T-160
BRADENTON, FL 34208

Current Mailing Address:

2130 16TH AVENUE EAST
T-160
BRADENTON, FL 34208

New Principal Place of Business:

955 53RD STREET EAST
1414
BRADENTON, FL 34208

New Mailing Address:

955 53RD STREET EAST
1414
BRADENTON, FL 34208

FEI Number: 01-0862229 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired (X)
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:

DUTCHER, PETER A JR.
2130 16TH AVENUE EAST
T-160
BRADENTON, FL 34208 US

Name and Address of New Registered Agent:

DUTCHER, PETER A JR.
955 53RD STREET EAST
1414
BRADENTON, FL 34208 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: PETER A. DUTCHER, JR.

06/10/2008

Electronic Signature of Registered Agent

Date

MANAGING MEMBERS/MANAGERS:

Title: MGR () Delete
Name: DUTCHER, PETER A JR.
Address: 2130 16TH AVENUE EAST, APT T-160
City-St-Zip: BRADENTON, FL 34208

ADDITIONS/CHANGES:

Title: MGR (X) Change () Addition
Name: DUTCHER, PETER A JR.
Address: 955 53RD STREET EAST, APT. 1414
City-St-Zip: BRADENTON, FL 34208

I hereby certify that the information supplied with this filing does not qualify 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 A. DUTCHER, JR.

MM

06/10/2008

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