2007 LIMITED LIABILITY COMPANY ANNUAL REPORT (AR)

Apr 04, 2007 8:00 am Secretary of State DOCUMENT # L06000064357 03-23-2007 90168 046 ****50.00 1. Entity Name PETERSON & EGEBORG REALTORS, LLC Principal Place of Business Mailing Address 30004042 1120 SOUTH FEDERAL HIGHWAY FT. LAUDERDALE FL 33316 1120 SOUTH FEDERAL HIGHWAY FT. LAUDERDALE FL 33316 I ITANEE ON AREA AFO AAR DAN SAN SAN AND AND BEEL WE WILLIAM DISTRICT RAA 2. Principal Place of Business - No P.O. Box # 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc 1st MOORE CR2E083 (10/06) 4. FEI Number Applied For City & State City & State 20-51100 Not Applicable Country \$5,00 Additional Ζiρ Country 5. Certificate of Status Desired Fee Required 7. Name and Address of New Registered Agent 6. Name and Address of Current Registered Agent PETERSON, PEGGY J Street Address (P.O. Box Number is Not Acceptable) 1120 SOUTH FEDERAL HIGHWAY FT. LAUDERDALE FL 33316 Zip Code 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 agont. SIGNATURE Synature, typed or crusted name of registered agent and sale if anniholable. DATE (NOTE: Registered Agent aignature required when reinstating) FILE NOW!!! FEE IS \$50.00 Make Check Payable to Florida Department of State Due By May 1, 2007 MANAGING MEMBERS/MANAGERS ADDITIONS/CHANGES 10. IIILE ☐ Change ■ Addition IIILE MGRM ☐ Delete NAME PETERSON, PEGGY J NAME STREET ADDRESS STREET ADDRESS 1120 SOUTH FEDERAL HIGHWAY CITY-S1-ZIP CHY-ST-ZIP FT. LAUDERDALE FL 33316 C Ociete #11LE ☐ Chance ☐ Addition INTER NAME STREET ADDRESS STREET ADDRESS CITY-ST-7IP CHY-ST-ZIP HILLE □ Dolete 11716 Change ☐ Addition NAME SHRELL ADDRESS SINFF LADDHESS CHY-ST-ZIP CITY-S1-ZIP ☐ Delete THLE ☐ Change ☐ Addition NAME NAM STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-71P ☐ Delete THE ☐ Change Addition 111LF MAME STREET ADDRESS SURFET ADDRESS CITY. ST. /IP CATY-SI-7IP ☐ Delete mu ☐ Addition REFEE NAME NAME STREET ADDRESS STREET ADDRESS CITY-SI-ZIP CHY-SI-ZIP 11. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Section 119, Florida Statutes. I further certify that the information indicated on this roport is true and accurate and that my signature strett have the same legal effect as if made under east; that I am a managing member or manager of the limited liability company or the receiver for trustee empowered to discount this report as required by Chapter 608, Florida Statutes. SIGNATURE: ____ GER. OR AUTHORIZED REPRESENTATIVE

FILED