

2007 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L06000070366

Entity Name: PEP ENTERPRISES LLC

FILED
Mar 29, 2007
Secretary of State

Current Principal Place of Business:

5266 TUNBRIDGE WELLS LANE
UNIT 6
ORLANDO, FL 32812 US

New Principal Place of Business:

Current Mailing Address:

5266 TUNBRIDGE WELLS LANE
UNIT 6
ORLANDO, FL 32812 US

New Mailing Address:

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

Name and Address of Current Registered Agent:

GAY, ELIZABETH B
5266 TUNBRIDGE WELLS LANE
UNIT 6
ORLANDO, FL 32812 US

Name and Address of New Registered Agent:

GAY-PERVIS, ELIZABETH B
5266 TUNBRIDGE WELLS LANE
UNIT 6
ORLANDO, FL 32812 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: ELIZABETH GAY-PERVIS

03/29/2007

Electronic Signature of Registered Agent

Date

MANAGING MEMBERS/MANAGERS:

Title: MGR () Delete
Name: GAY, ELIZABETH B
Address: 5266 TUNBRIDGE WELLS LANE
City-St-Zip: ORLANDO, FL 32812 US

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

ADDITIONS/CHANGES:

Title: MGR (X) Change () Addition
Name: GAY-PERVIS, ELIZABETH
Address: 5266 TUNBRIDGE WELLS LANE
City-St-Zip: ORLANDO, FL 32812 US

Title: PRES () Change (X) Addition
Name: PERVIS, PAUL H PRES
Address: 5266 TUNBRIDGE WELLS LN UNIT 6
City-St-Zip: ORLANDO, FL 32812 US

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: PAUL H. PERVIS JR

PRES

03/29/2007

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