

# 2012 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L06000095629

FILED  
Apr 24, 2012  
Secretary of State

Entity Name: BOPETE INVESTMENTS LLC

**Current Principal Place of Business:**

3347 OLD OAK DR  
SARASOTA, FL 34239

**New Principal Place of Business:**

**Current Mailing Address:**

3347 OLD OAK DR  
SARASOTA, FL 34239

**New Mailing Address:**

FEI Number: 20-5837256

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

**Name and Address of Current Registered Agent:**

PETER, WILLIAM B  
3347 OLD OAK DR  
SARASOTA, FL 34239 US

**Name and Address of New Registered Agent:**

PETER, DAVID B  
3347 OLD OAK DR  
SARASOTA, FL 34239 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: DAVID BOLTON PETER

04/24/2012

Electronic Signature of Registered Agent

Date

**MANAGING MEMBERS/MANAGERS:**

Title: MGRM  
Name: JOHNSON, WILLIAM B  
Address: 3455 WEST FOREST LAKES DRIVE  
City-St-Zip: SARASOTA, FL 34232

Title: MGRM  
Name: PETER, ANDREW M  
Address: 204 LAKE AVENUE  
City-St-Zip: SARASOTA SPRINGS, NY 12866

Title: MGRM  
Name: PETER, DAVID B  
Address: 471 CLIFTON RD NE  
City-St-Zip: ATLANTA, GA 30307

Title: MGRM  
Name: JOHNSON, HAROLD L  
Address: 3348 OLD OAK DRIVE  
City-St-Zip: SARASOTA, FL 34239

Title: MGRM  
Name: PETER, WILLIAM H  
Address: 8503 HIGH LARK LN  
City-St-Zip: KNOXVILLE, TN 37923

Title: MGRM  
Name: PETER, WILLIAM B  
Address: 3347 OLD OAK DRIVE  
City-St-Zip: SARASOTA, FL 34239

I hereby 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: DAVID B PETER

MR.

04/24/2012

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