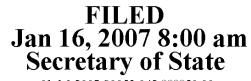
2007 LIMITED LIABILITY COMPANY ANNUAL REPORT



DOCUMENT # L06000103452 1. Entity Name TEPPER HOLDINGS, LLC				Secretary of State 01-16-2007 90053 042 ****50.00
Principal Place of Business 4985 FAWN RIDGE PLACE SANFORD, FL 32771 Mailing Address 4985 FAWN RIDGE PLACE SANFORD, FL 32771			ACE	
Principal Place of Business - No P.O. Box # Mailing Address				
Suite, Apt. #, etc.		Suite, Apt. #, etc.		01082007 Chg-LLC CR2E083 (12/06)
City & State		City & State		4. FEI Number Applied For Z-Q - 58 5 23 8 9 Not Applicable
Zip	Country	Zip	Country	5. Certificate of Status Desired \$5.00 Additional Fee Required
	6. Name and Address of Current Registered Agent			7. Name and Address of New Registered Agent
TEPPER, FREDERICK 4985 FAWN RIDGE PLACE SANFORD, FL 32771			Street Addres	ess (P.O. Box Number is Not Acceptable)
			City	FL Zip Code
8. The above the obliga SIGNATURE	tions of registered agent.	or the purpose of changing its	registered office or regis	istered agent, or both, in the State of Florida. I am familiar with, and accept
	Signature, typed or printed name of registered agent	and title if applicable. (NOT	E: Registered Agent signature requi	tured when reinidating) DATE
	iling Fee Is \$50.00 ue by May 1, 2007	7		Make check payable to Florida Department of State
9.	MANAGING MEMB		10.	ADDITIONS/CHANGES
NAME STREET ADDRESS CITY+ST-2IP	MGRM TEPPER, PREDERICK 4985 FAWN RIDGE PLACE SANFORD, FL 32771	□ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM TEPPER, SHEILA S 4985 FAWN RIDGE PLACE SANFORD, FL 32771	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Oelete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Defete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
mulcaleu	certify that the information supplied with on this report is true and accurate and billity company or the receiver or truste	e empowered to execute this	the came lend; ettert ac it	ed in Chapter 119, Florida Statutes. I further certify that the information if made under oath; that I am a managing member or manager of the apter 608, Florida Statutes.