2007 LIMITED LIABILITY COMPANY ANNUAL REPORT

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SIGNATURE:

May 14, 2007 8:00 am Secretary of State 04-23-2007 90366 043 ****50.00 **DOCUMENT # L06000107531** PEGGY'S CORRAL EAST, LLC 30007637 Mailing Address Principal Place of Business 3315 STATE ROAD 64 W 3315 STATE ROAD 64 W WACHULA, FL 33873 WACHULA, FL 33873 3. Mailino Address 2. Principal Place of Business - No P.O. Box # Suite, Apt. #, etc. Suite, Apt. #, etc. 01152007 Chg-LLC CR2E083 (12/06) City & State City & State 4. FEI Number Applied For <u> 20-583</u>1388 Not Applicable Zip Country Zip \$5.00 Additional 5. Certificate of Status Desired Fee Required 7. Name and Address of New Registered Agent 5. Name and Address of Current Registered Agent TONER, DEBRA R Street Address (P.O. Box Number is Not Acceptable) 7945 BUNKER HILL ROAD DUETTE, FL 33834 City 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 agent. (NOTE: Registered Agent signature required when reinstating) Filing Fee Is \$50.00 Due by May 1, 2007 Make check payable to Florida Department of State MANAGING MEMBERS/MANAGERS ADDITIONS/CHANGES 10. 9. MGR TITLE TATLE ☐ Delete ☐ Addition TONER, DEBRAIR NAME NAME STREET ADDRESS 7945 BUNKER HILL ROAD STREET ADDRESS DUETTE, FL 33834 CITY-ST-ZIP CITY-ST-ZIP MGRM TITLE Delete 1ITLE ☐ Change Addition TONER, TERRY R NAME NAME 7945 BUNKER HILL ROAD STREET ADORESS STREET ADDRESS CITY-ST-ZIP DUETTE, FL 33834 CITY-ST-ZIP MGRM □ De ete 1111 F Change ☐ Addition MLE BETTENCOURT, JOSEPH W JR NAME 7913 55TH STREET EAST STREET ADDRESS STREET ADDRESS PALMETTO, FL 34221 C11Y-S1-Z1P CITY-ST-ZIP MGRM Change Addition TITLE ☐ Detete INTE LANDRY, LOUISE A NAME STREET ADDRESS 7913 55TH ST. FAST STREET ADDRESS CITY-ST-ZIP PALMETTO, FL 34221 CITY-ST-7IP De ete TITLE ☐ Chance Addition TITLE NAME KAME STREET ADDRESS STREET ADDRESS CITY-ST-21P CITY-ST-ZIP Delete □ Change ■ Addition TITLE TITLE NAME HALLE STREET ADDRESS STREET ADORESS CITY-ST-ZIP CITY-ST-70P 11. I hereby certify that the information supplied with this filling does not qualify for the exemptions contained in Chapter 119, Florida Statutes, i further certify that the information indicated on this report is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am a managing member or manager of the smitted liability company or the receiver or trustee empowered to execute this report as required by Chapter 608, Florida Statutes.

FILED

947-863-735-8887