

**2005 LIMITED LIABILITY COMPANY
ANNUAL REPORT**

DOCUMENT # L97000000495

1. Entity Name
PEPPINO ART CREATIONS LIMITED COMPANY



Principal Place of Business
**6817 CHIPPENDALE CT.
TAMPA, FL 33634**

Mailing Address
**PO BOX 262528
TAMPA, FL 33685**

FILED
Jan 07, 2005 08:00 AM
Secretary of State



01042005 No Chg-LLC

CR2E083 (10/03)

DO NOT WRITE IN THIS SPACE

4. FEI Number
59-3445551

Applied For
Not Applicable

5. Certificate of Status Desired



\$5.00 Additional
Fee Required

6. Name and Address of Current Registered Agent

**CITRANELLI, ROBERT S
6817 CHIPPENDALE CT.
TAMPA, FL 33634**

**DO NOT WRITE
IN THIS SPACE**

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.

SIGNATURE _____

Signature, typed or printed name of registered agent and title if applicable

(NOTE: Registered Agent signature required when reinstating)

DATE _____

**Filing Fee is \$50.00
Due by May 1, 2005**

9. MANAGING MEMBERS/MANAGERS

TITLE NAME STREET ADDRESS CITY - ST - ZIP	MGRM SCHIEDER, ROBERT E 6817 CHIPPENDALE CT. TAMPA, FL 33634
TITLE NAME STREET ADDRESS CITY - ST - ZIP	MGRM CITRANELLI, ROBERT S 6817 CHIPPENDALE CT. TAMPA, FL 33634
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01/10/05-80008-013 55.00

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IN THIS SPACE**

11. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), 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 limited liability company or the receiver or trustee empowered to execute this report as required by Chapter 608, Florida Statutes.

SIGNATURE: *Robert S Citranelli* 1-4-2005