


2004 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Mar 06, 2004 08:00 AM
Secretary of State

DOCUMENT # L99000002425 1. Entity Name PEEPLS HOME GROUP, L.C.	
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Principal Place of Business 17221 ALICO CENTER ROAD, SUITE #1 FORT MYERS, FL 33912	Mailing Address 17221 ALICO CENTER ROAD, SUITE #1 FORT MYERS, FL 33912
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DO NOT WRITE IN THIS SPACE



03022004 No Chg-LLC

CR2E083 (10/03)

4. FEI Number 65-0945137	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$5.00 Additional Fee Required

6. Name and Address of Current Registered Agent

PEEPLS, DARRELL
17221 ALICO CENTER ROAD, SUITE #1
FORT MYERS, FL 33912

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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 re-registering)

DATE _____

**Filing Fee is \$50.00
Due by May 1, 2004**

U00000078376
03/08/04-80023-014 150.00

9. MANAGING MEMBERS/MANAGERS	
TITLE NAME STREET ADDRESS CITY, ST, ZIP	MGRM PEEPLS, DARRELL 17221 ALICO CENTER ROAD, SUITE #1 FORT MYERS, FL 33912
TITLE NAME STREET ADDRESS CITY, ST, ZIP	MGRM DIXON, JERRY 2500 WOOTEN BOULEVARD WILSON, NC 77895
TITLE NAME STREET ADDRESS CITY, ST, ZIP	
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TITLE NAME STREET ADDRESS CITY, ST, ZIP	

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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: DARRELL PEEPLS 3/2/04 (239) 437-1750

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, OR AUTHORIZED REPRESENTATIVE

Date Day/Mo/Year