2008 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT # L99000002985

1. Entity Name

MARY KATHERIN PEEPOP L.L.C.



FILED Mar 27, 2008 08:00 AN Secretary of State

Principal Place of Business

1989 IMPERIAL GOLF COURSE BLVD NAPLES, FL 34110

Mailing Address

1989 IMPERIAL GOLF COURSE BLVD NAPLES, FL 34110



DO NOT WRITE IN THIS SPACE

01232008 No Chg-LLC

CR2E083 (12/07)

4. FEI Number 59-3590525

Applied For Not Applicable

5. Certificate of Status Desired

\$5.00 Additional Fee Required

6. Name and Address of Current Registered Agent

COX, DAVID B 1989 IMPERIAL GOLF COURSE BLVD NAPLES, FL 34110

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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, if am familiar with, and accept the obligations of registered agent.

SIGNATURE

Signature, typed or printed name of registered agent and little it applicable.

(NOTE: Registered Agent signature required when reinstating)

DAT

FILE NOW!!! FEE 18 \$138.75 After May 1, 2008 Fee will be \$538.75 U00000872225 04/10/08-80030-002 138.75

9.	MANAGING MEMBERS/MANAGERS
TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS	MGRM JOHNSON, JEFFREY J 28730 DIAMOND DR #202 BONITA SPRINGS, FL 34134 MGRM COX, DAVID B
CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP	NAPLES, FL 34110 MGRM JOHNSON, DAWN 1989 IMPERIAL GOLF COURSE BLVD NAPLES, FL 34110
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS	

DO NOT WRITE IN THIS SPACE

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 eath; 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:

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

7-7.5-0

16-991-45W

Daytime Phone 4