2005 LIMITED LIABILITY COMPANY ANNUAL REPORT (AR)

SIGNATURE:

FILED DOCUMENT # L00000002362 Apr 09, 2005 08:00 AM Secretary of State 1. Entity Name PECK GENERAL, L.L.C. Principal Place of Business Mailing Address 2430 SOUTH ATLANTIC AVENUE, SUITE E DAYTONA BEACH SHORES FL 32118 2430 SOUTH ATLANTIC AVENUE, SUITE E DAYTONA BEACH SHORES FL 32118 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. Suite, Apt #, etc. 1st MOORE CR2E083 (10/04) City & State City & State 4. FEi Number Applied For 59-3642999 Not Applicable Zip Country Zip Country \$5.00 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent PECK, EDWIN W SR. Street Address (P.O. Box Number is Not Acceptable) 2430 SOUTH ATLANTIC AVENUE, SUITE E DAYTONA BEACH SHORES FL 32118 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. Signature, typed or printed hame of registered agent and title if applicable (NOTE Registered Agent signature required when reinstating) DATE FILE NOW!!! FEE IS \$50,00 Make Check Payable to Florida Department of State Due By May 1, 2005 MANAGING MEMBERS/MANAGERS ADDITIONS/CHANGES 9. DILE MGR Addition TITLE Delete Change NAME PECK, EDWIN W SR. NAME U00000296325 04/03/05-80064-003 50.00 STREET ADDRESS 2430 SOUTH ATLANTIC AVENUE, SUITE E STREET ADDRESS CITY - ST- ZIP DAYTONA BEACH SHORES FL 32118 CITY ST-ZIP TITLE Delete TITLE ☐ Change ☐ Addition NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE Delete TITLE ☐ Change ☐ Addition NAME NAME STREET ADDRESS SURFEI ADDRESS CITY-ST-ZIP CITY-SI-ZIP TITLE Addition Delete TIDE ☐ Change NAME NAME STREET ADDRESS STREET ADDRESS CITY ST-ZIP CITY-ST-ZIP TITLE Delete TITLE Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-71P CITY-ST-ZIP TITLE Delete TITLE ☐ Change □ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-S1-ZIP 11. I hereby certify that the information supplied with this filling does not citalify for the exemption stated in Section 119.07(3)(1), 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 pageiver or trustee empowered to execute this report as required by Chapter 608, Florida Statutes.

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