


**2006 LIMITED LIABILITY COMPANY ANNUAL REPORT**

**FILED**  
**Apr 12, 2006 08:00 AM**  
**Secretary of State**

**DOCUMENT # L00000002362**

1. Entity Name  
**PECK GENERAL, L.L.C.**



Principal Place of Business <b>2430 SOUTH ATLANTIC AVENUE, SUITE E          DAYTONA BEACH SHORES, FL 32118</b>	Mailing Address <b>2430 SOUTH ATLANTIC AVENUE, SUITE E          DAYTONA BEACH SHORES, FL 32118</b>
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03152006 No Chg-LLC CR2E083 (11/05)

**DO NOT WRITE IN THIS SPACE**

4. FEI Number <b>59-3642999</b>	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/> <b>\$5.00 Additional Fee Required</b>	

8. Name and Address of Current Registered Agent

**PECK, EDWIN W SR.  
 2430 SOUTH ATLANTIC AVENUE, SUITE E  
 DAYTONA BEACH SHORES, FL 32118**

**DO NOT WRITE IN THIS SPACE**

9. 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 \_\_\_\_\_ DATE \_\_\_\_\_  
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

**Filing Fee is \$50.00  
 Due by May 1, 2006**

10. MANAGING MEMBERS/MANAGERS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>MGR PECK, EDWIN W SR. 2430 SOUTH ATLANTIC AVENUE, SUITE E DAYTONA BEACH SHORES, FL 32118</b>
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 04/26/06-80111-019 50.00

**DO NOT WRITE IN THIS SPACE**

11. I hereby certify that the information supplied with this filing 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 limited liability company or the receiver or trustee empowered to execute this report as required by Chapter 608, Florida Statutes.

**SIGNATURE:** *x Edwin W. Peck* **x 4/9/06** **x (386) 257-5000**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, OR AUTHORIZED REPRESENTATIVE Date Daytime Phone #