

2006 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Mar 09, 2006 8:00 am
Secretary of State

03-09-2006 90001 004 ****50.00

DOCUMENT # L02000003168

1. Entity Name
PECK & ASSOCIATES - WORLD GOLF VILLAGE, LLC



Principal Place of Business 912 S. RIDGEWOOD AVE. SUITE D DAYTONA BEACH, FL 32174	Mailing Address 912 S. RIDGEWOOD AVE. SUITE D DAYTONA BEACH, FL 32174
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20014297



2. Principal Place of Business 1515 Herbert St	3. Mailing Address 1515 Herbert St
Suite, Apt. #, etc. Suite 213	Suite, Apt. #, etc. Suite 213

02142006 Chg-LLC CR2E083 (11/05)

City & State Port Orange FL	City & State Port Orange FL	4. FEI Number 04-3600083	Applied For <input type="checkbox"/> Not Applicable
Zip 32129	Country	Zip 32129	Country

5. Certificate of Status Desired **\$5.00** Additional Fee Required

6. Name and Address of Current Registered Agent PYLE, MICHAEL A 1265 W. GRANADA BLVD., SUITE 1 ORMOND BEACH, FL 32174		7. Name and Address of New Registered Agent	
		Name HEWITT J. DUPONT CPA	
		Street Address (P.O. Box Number is Not Acceptable) 1515 Herbert Street	
		Suite Suite 213	
		City Port Orange	FL Zip Code 32129

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 *Hewitt J. Dupont* **2-14-06**
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, 2006

Make check payable to Florida Department of State

9. MANAGING MEMBERS/MANAGERS			10. ADDITIONS/CHANGES		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGR PECK, EDWIN JR 2430 SOUTH ATLANTIC AVE., STE F DAYTONA BEACH SHORES, FL 32118	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
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TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition

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: *Edwin W. Peck, Jr.* **3-2-06** **386.255.7336**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE Date Daytime Phone #

EDWIN W. PECK, JR., MGR