

2007 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Apr 20, 2007 8:00 am
Secretary of State

04-20-2007 90026 005 ****50.00

DOCUMENT # L02000003168

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



Principal Place of Business Mailing Address
1515 HERBERT ST **1515 HERBERT ST**
SUITE 213 **SUITE 213**
PORT ORANGE, FL 32129 **PORT ORANGE, FL 32129**

20008396



2. Principal Place of Business - No P.O. Box # 3. Mailing Address

Suite, Apt. #, etc. Suite, Apt. #, etc.

City & State City & State

Zip Country Zip Country

01042007 Chg-LLC CR2E083 (12/06)

6. Name and Address of Current Registered Agent

DUPONT, HEWITT J CPA
1515 HERBERT ST
PORT ORANGE, FL 32129

7. Name and Address of New Registered Agent

Name _____
 Street Address (P.O. Box Number is Not Acceptable) _____
 City _____ **FL** 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 _____
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, 2007

Make check payable to
Florida Department of State

9. MANAGING MEMBERS/MANAGERS

10. ADDITIONS/CHANGES

TITLE **MGR** Delete
 NAME **PECK, EDWIN JR**
 STREET ADDRESS **2430 SOUTH ATLANTIC AVE., STE F**
 CITY-ST-ZIP **DAYTONA BEACH SHORES, FL 32118**

TITLE _____ Change Addition
 NAME _____
 STREET ADDRESS _____
 CITY-ST-ZIP _____

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TITLE _____ Change Addition
 NAME _____
 STREET ADDRESS _____
 CITY-ST-ZIP _____

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

1-5-07 386.255.7336

Date Daytime Phone #