

# 2006 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L03000041336

**FILED**  
**Jun 19, 2006**  
**Secretary of State**

**Entity Name:** PECKENPAUGH'S PROPERTY SERVICES, LLC

**Current Principal Place of Business:**

14535 SASSANDRA DRIVE  
ODESSA, FL 33556

**New Principal Place of Business:**

16088 WILSON BLVD.  
MASARYKTOWN, FL 34604

**Current Mailing Address:**

P.O. BOX 757  
ODESSA, FL 33556

**New Mailing Address:**

**FEI Number:** 84-1627461      **FEI Number Applied For ( )**      **FEI Number Not Applicable ( )**      **Certificate of Status Desired ( )**  
In accordance with s. 607.193(2)(b), F.S., the limited liability company did not receive the prior notice.

**Name and Address of Current Registered Agent:**

PECKENPAUGH, DAVID E  
14535 SASSANDRA DRIVE  
ODESSA, FL 33556    US

**Name and Address of New Registered Agent:**

PECKENPAUGH, DAVID E  
16088 WILSON BLVD.  
MASARYKTOWN, FL 34604    US

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.

SIGNATURE: DAVID PECKENPAUGH

06/19/2006

Electronic Signature of Registered Agent

Date

**MANAGING MEMBERS/MANAGERS:**

Title: MGR      ( ) Delete  
Name: PECKENPAUGH, DAVID E  
Address: 14535 SASSANDRA DRIVE  
City-St-Zip: ODESSA, FL 33556

**ADDITIONS/CHANGES:**

Title: MGR      (X) Change      ( ) Addition  
Name: PECKENPAUGH, DAVID E  
Address: 16088 WILSON BLVD.  
City-St-Zip: MASARYKTOWN, FL 34604

I hereby certify that the information supplied with this filing does not qualify for the for the exemption stated in Chapter 119, Florida Statutes. I further certify that the information indicated on this report is true and accurate and that my electronic 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: DAVID PECKENPAUGH

MGR

06/19/2006

Electronic Signature of Signing Managing Member, Manager, or Authorized Representative / Date