## **2006 LIMITED LIABILITY COMPANY**

## Apr 17, 2006 8:00 am Secretary of State **ANNUAL REPORT DOCUMENT # L05000078482** 04-17-2006 90037 008 \*\*\*\*50.00 1. Entity Name PEC INVESTMENTS, LLC Principal Place of Business Mailing Address 20030650 **503 RAVENSHILL WAY** 503 RAVENSHILL WAY DELAND, FL 32724 DELAND, FL 32724 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. 03142006 Cha-LLC CR2E083 (11/05) City & State City & State 4. FEI Number 20-3286770 Applied For Not Applicable 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 MORALES, CARLOS Street Address (P.O. Box Number is Not Acceptable) 503 RAVENSHILL WAY DELAND, FL 32724 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 Signature, typeo or pointed 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 MANAGING MEMBERS/MANAGERS ADDITIONS/CHANGES 9. 10. MGRM TITLE TITLE ☐ Delete ☐ Change ■ Addition MORALES, CARLOS NAME NAME 503 RAVENSHILL WAY STREET ADDRESS STREET ADDRESS CITY-ST-ZIP DELAND, FL 32724 CITY-ST-ZIP MGRM TITLE ☐ Delete TITLE ☐ Change ☐ Addition NAME PARDO, ESPERANZA NAME STREET ADDRESS 503 RAVENSHILL WAY STREET ADDRESS CITY-ST-ZIP DELAND, FL 32724 CITY-ST-ZIP TITLE ☐ Delete TITLE ☐ Change Addition 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-ZIP CITY-ST-ZIP TITLE ☐ Delete TITLE [\*] Change Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY - ST - ZIP CITY-ST-ZIP TITLE ☐ Delete TITLE □ Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS

11. I hereby certify that the information supplied with this filling 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.

CITY-ST-ZIP

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

CITY-ST-ZIP

04/12/06

386 506 805R

Daytime Phone #

**FILED**