

# 2009 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L06000062453

**FILED**  
**Mar 01, 2009**  
**Secretary of State**

**Entity Name:** PENINSULA INVESTMENTS, LLC

**Current Principal Place of Business:**

1601 OCEAN DRIVE SOUTH  
303  
JACKSONVILLE BEACH, FL 32250

**New Principal Place of Business:**

139 36TH AVENUE SOUTH  
JACKSONVILLE BEACH, FL 32250

**Current Mailing Address:**

1601 OCEAN DRIVE SOUTH  
303  
JACKSONVILLE BEACH, FL 32250

**New Mailing Address:**

139 36TH AVENUE SOUTH  
JACKSONVILLE BEACH, FL 32250

**FEI Number:** 26-0314650

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired ( )**

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

KORNICK, CRAIG A  
1601  
#303  
JACKSONVILLE BEACH, FL 32250 US

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

KORNICK, CRAIG A  
139 36TH AVENUE SOUTH  
JACKSONVILLE BEACH, FL 32250 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: \_\_\_\_\_

03/01/2009

Electronic Signature of Registered Agent

Date

**MANAGING MEMBERS/MANAGERS:**

Title: MGR ( ) Delete  
Name: KORNICK, CRAIG A  
Address: 1601 OCEAN DRIVE SOUTH, #303  
City-St-Zip: JACKSONVILLE BEACH, FL 32250

**ADDITIONS/CHANGES:**

Title: MGR (X) Change ( ) Addition  
Name: KORNICK, CRAIG A  
Address: 139 36TH AVENUE SOUTH  
City-St-Zip: JACKSONVILLE BEACH, FL 32250

I hereby certify that the information supplied with this filing does not qualify 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: CRAIG KORNICK

MGR

03/01/2009

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