

2004 LIMITED LIABILITY COMPANY ANNUAL REPORT (AR)

FILED
Apr 26, 2004 8:00 am
Secretary of State

04-26-2004 90037 022 ****50.00

DOCUMENT # L01000001763

1. Entity Name

PEAKE'S POINT PARTNERS, L.L.C.



Principal Place of Business

17 W. CEDAR STREET
SUITE 3
PENSACOLA FL 32501

Mailing Address

17 W. CEDAR STREET
SUITE 3
PENSACOLA FL 32501

2. Principal Place of Business

17 West Cedar Street

3. Mailing Address

Post Office Box 12725

Suite, Apt. #, etc.

Suite, Apt. #, etc.

Suite 3

City & State

Pensacola, FL

City & State

Pensacola, FL

Zip
32502

Country
USA

Zip
32591

Country
USA

4. FEI Number

59-3705832

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$5.00 Additional
Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

CARR, JOHN C
17 W. CEDAR STREET
SUITE 3
PENSACOLA FL 32501

Name
John S. Carr

Street Address (P.O. Box Number is Not Acceptable)
17 West Cedar Street

Suite 3

City
Pensacola,

FL

Zip Code
32502

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

John S. Carr

John S. Carr

4/20/04

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

FILE NOW!!! FEE IS \$50.00
Make Check Payable to Florida Department of State
Due By May 1, 2004

9. MANAGING MEMBERS/MANAGERS

10. ADDITIONS/CHANGES

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP
MGR
JOHN S. CARR & ASSOCIATES, INC.
601 SOUTH PALAFOX STREET
PENSACOLA FL 32501 ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP
Manager
John S. Carr & Associates, Inc.
601 South Palafox Street
Pensacola, FL 32502 ☒ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP
☐ Delete

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

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NAME
STREET ADDRESS
CITY - ST - ZIP
☐ Change ☐ Addition

11. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), 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:

John S. Carr

John S. Carr & Associates, Inc.

John S. Carr, President 4/20/04 (850) 434-2244

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

Date

Daytime Phone #