
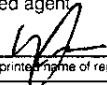


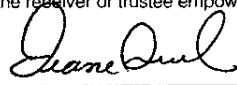
# 2004 LIMITED LIABILITY COMPANY ANNUAL REPORT (AR)

**FILED**  
**Feb 09, 2004 8:00 am**  
**Secretary of State**

02-09-2004 90186 023 \*\*\*\*50.00

DOCUMENT # L01000018630			
1. Entity Name PEAK INVESTMENTS, LLC			
Principal Place of Business 3527 GRIFFIN ROAD FT. LAUDERDALE FL 33312		Mailing Address 3527 GRIFFIN ROAD FT. LAUDERDALE FL 33312	
2. Principal Place of Business 3531 GRIFFIN RD.		3. Mailing Address 3531 GRIFFIN RD.	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State DANIA FL		City & State DANIA FL	
Zip 33312	Country USA	Zip 33312	Country USA
6. Name and Address of Current Registered Agent KAHN, MATTHEW J 3527 GRIFFIN ROAD FT. LAUDERDALE FL 33312		7. Name and Address of New Registered Agent Name: HAGEN & HAGEN - PA Street Address (P.O. Box Number is Not Acceptable): 3531 GRIFFIN RD. City: DANIA FL Zip Code: 33312	
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: 		DATE: 1/30/04	
<p align="center"><b>FILE NOW!!! FEE IS \$50.00</b>  <b>Make Check Payable to Florida Department of State</b>  <b>Due By May 1, 2004</b></p>			
9. MANAGING MEMBERS/MANAGERS		10. ADDITIONS / CHANGES	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	MGR KAHN, MATTHEW 3527 GRIFFIN ROAD FORT LAUDERDALE FL 33312 <input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	MGR. Diane Israel 3527 GRIFFIN RD DANIA FL 33312 <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> 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: 

1/30/04

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

Date

Daytime Phone #