

2007 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L02000001111

Entity Name: PEACHWOOD, LLC

FILED
Apr 13, 2007
Secretary of State

Current Principal Place of Business:

8 HARRIS CIRCLE
EDGEWATER, FL 32141

New Principal Place of Business:

Current Mailing Address:

8 HARRIS CIRCLE
EDGEWATER, FL 32141

New Mailing Address:

FEI Number: 26-0034609

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

ADAMS, LAURI
8 HARRIS CIRCLE
EDGEWATER, FL 32141 US

Name and Address of New Registered Agent:

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:

Electronic Signature of Registered Agent

Date

MANAGING MEMBERS/MANAGERS:

Title: MGRM () Delete
Name: ADAMS, LAURI L
Address: 8 HARRIS CIRCLE
City-St-Zip: EDGEWATER, FL 32141

Title: MGRM () Delete
Name: MCKELVEY, HENRY P
Address: 8 HARRIS CIRCLE
City-St-Zip: EDGEWATER, FL 32141

Title: MGRM () Delete
Name: GILDERMAN, LARRY
Address: 8 HARRIS CIRCLE
City-St-Zip: EDGEWATER, FL 32141

Title: MGRM () Delete
Name: GILDERMAN, BRIAN
Address: 8 HARRIS CIRCLE
City-St-Zip: EDGEWATER, FL 32141

ADDITIONS/CHANGES:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

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: LAURI ADAMS

MGRM

04/13/2007

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