


**2006 LIMITED LIABILITY COMPANY ANNUAL REPORT**

**FILED**  
**Mar 08, 2006 8:00 am**  
**Secretary of State**

03-08-2006 90041 007 \*\*\*\*50.00

**DOCUMENT # L02000003165**

1. Entity Name  
**PECK & ASSOCIATES - RIVIERA, LLC**



Principal Place of Business  
**912 S. RIDGEWOOD AVE. SUITE D  
 DAYTONA BEACH, FL 32114**

Mailing Address  
**912 S. RIDGEWOOD AVE. SUITE D  
 DAYTONA BEACH, FL 32114**

**20013304**



2. Principal Place of Business  
**1515 Herbert St**

3. Mailing Address  
**1515 Herbert St**

Suite, Apt. #, etc.  
**Suite 213**

Suite, Apt. #, etc.  
**Suite 213**

02142006 Chg-LLC CR2E083 (11/05)

City & State  
**Port Orange FL**

City & State  
**Port Orange FL**

4. FEI Number  
**03-0386798**

Applied For  
 Not Applicable

Zip  
**32129**

Country

Zip  
**32129**

Country

5. Certificate of Status Desired  **\$5.00 Additional Fee Required**

**6. Name and Address of Current Registered Agent**

**PYLE, MICHAEL A**  
**1265 W. GRANADA BLVD. SUITE 1**  
**ORMOND BEACH, FL 32174**

**7. Name and Address of New Registered Agent**

Name  
**HEWITT J. DUPONT CPA**

Street Address (P.O. Box Number is Not Acceptable)  
**1515 Herbert St**

**Suite 213**

City  
**Port Orange FL**

Zip Code  
**32129**

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 *Hewitt J. Dupont* DATE 2-14-06

Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

**Filing Fee is \$50.00  
 Due by May 1, 2006**

**Make check payable to  
 Florida Department of State**

**9. MANAGING MEMBERS/MANAGERS**

TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGR PECK, JR., EDWIN 2430 SO. ATLANTIC AVE., STE F DAYTONA BEACH, FL 32118	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete

**10. ADDITIONS/CHANGES**

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"/> Change <input type="checkbox"/> Addition
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"/> Change <input type="checkbox"/> Addition
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 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.

SIGNATURE: *Edwin W. Peck, Jr.* DATE 3-2-06 DAYTIME PHONE # 386.255.7336

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE Date Daytime Phone #

**EDWIN W. PECK, JR., MGR**