


2004 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Apr 30, 2004 8:00 am
Secretary of State

04-30-2004 90060 014 ****50.00

DOCUMENT # L02000003167 1. Entity Name PECK & ASSOCIATES - BRANDYWINE, LLC	
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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
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24060237



2. Principal Place of Business	3. Mailing Address	
Suite, Apt. #, etc.	Suite, Apt. #, etc.	
City & State	City & State	
Zip	Country	Zip
Country	4. FEI Number 04-3600062	
5. Certificate of Status Desired <input type="checkbox"/>		\$5.00 Additional Fee Required

03032004 Chg-LLC CR2E083 (10/03)

6. Name and Address of Current Registered Agent	7. Name and Address of New Registered Agent
PYLE, MICHAEL A 1265 W. GRANADA BLVD. SUITE 1 ORMOND BEACH, FL 32174	Name Street Address (P.O. Box Number is Not Acceptable) City
	State: FL Zip Code:

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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____

**Filing Fee Is \$50.00
Due by May 1, 2004**

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

9. MANAGING MEMBERS/MANAGERS		10. ADDITIONS/CHANGES	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGR PECK, EDWIN JR 2430 S ATLANTIC AVE STE F DAYTONA BEACH, FL 32118 <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: *[Signature]* **3/4/04** **386.255.7336**
SIGNATURE AND TITLE OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE Date Daytime Phone #