


2006 LIMITED LIABILITY COMPANY ANNUAL REPORT

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

03-08-2006 90041 006 ****50.00

DOCUMENT # L02000003167

1. Entity Name
PECK & ASSOCIATES - BRANDYWINE, 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**

2. Principal Place of Business
1515 Herbert St

3. Mailing Address
1515 Herbert St

Suite, Apt. #, etc.
Suite 213

Suite, Apt. #, etc.
Suite 213

City & State
Port Orange FL

City & State
Port Orange FL

Zip
32129

Country

Zip
32129

Country



02142006 Chg-LLC CR2E083 (11/05)

4. FEI Number
04-3600062

Applied For
 Not Applicable

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  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, 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"/> 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
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

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:  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