
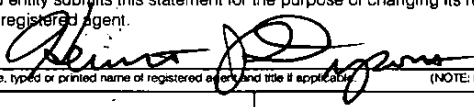
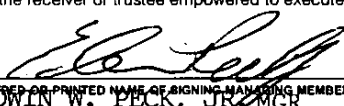


2006 LIMITED LIABILITY COMPANY ANNUAL REPORT

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

03-08-2006 90041 005 ****50.00

DOCUMENT # L02000005328 1. Entity Name PECK & ASSOCIATES - CARILLON, 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		4. FEI Number 04-3622047	
Zip 32129		Country 		5. Certificate of Status Desired <input type="checkbox"/> \$5.00 Additional Fee Required	
6. Name and Address of Current Registered Agent PLYE, 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 <small>Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating)</small>					
Filing Fee is \$50.00 Due by May 1, 2006			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 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			
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete			
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:  3-2-06 386.255-7336 <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE Date Daytime Phone #</small>		