## 2006 LIMITED LIABILITY COMPANY

## Mar 01, 2006 08:00 AM

ANNUAL REPORT				Wiai 01, 2000 00:00 A	
DOCUMENT # L02000024145  1. Entity Name PENINSULAR PROPERTIES, LLC				Secretary of State	
Principal Plac 204 E. TERR PLANT CITY,	ACE DR.	Mading Address204 E. TERRACE DR. PLANT CITY, FL 33563	••		
DO NOT WRITE IN THIS SPA			CE	02202006 No Chg-LLC	
6. Name and Address of Current Registered Agent					
HITE, BRAD 204 E. TERRACE DR. PLANT CITY, FL 33563				DO NOT WRITE IN THIS SPACE	
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					
Signature, typed or printed name of regulated agent and life if applicable (NOTE: Regulatered Agent signature required when retrotations)  DATE					
Filling Fee is \$50.00 (by Filling Fee is \$50.00 ) Due by May 1, 2006					
g.	MANAGING MEMBE	RS/MANAGERS	I		
nice name street address city-st-JP	MGR HITE, BRAD 204 E. TERRACE DR. PLANT CITY, FL 33583 MGR			160000451503	
NAME STREET ADDRESS CITY-ST-EFF	SACCHI, RICHARD 204 E. TERRACE DR. PLANT CITY, FL 33563			03/10/06-90056-019 50.00	
TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP				DO NOT WRITE IN THIS SPACE	
NAME STRUET ADDRESS					

11. I hereby certify that the information supplied with this filing does not quality 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 fimited liability company or the receiver or trustee empowered to execute this report as required by Chapter 608, Florida Statutes.

SIGNATURE:

MILE NAME STREET ADDRESS CITY-ST-ZIP

SIGNATURE AND TYPEOOR PRINTED HAME OF SIGNING MANAGINO MEMBER, OR AUTHORIZED REPRESENTATIVE

DRAN HITE

MGR

2/20/06

813 754 7916

Daytime Phone #