

2007 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Jun 29, 2007 8:00 am
Secretary of State

06-29-2007 90025 025 *****55.00

DOCUMENT # L02000034083						
1. Entity Name PEACE RIVER CONSTRUCTION, LLC						
Principal Place of Business 3102 S.E. JAY STREET SUITE 1 STUART, FL 34997			Mailing Address 3102 S.E. JAY STREET SUITE 1 STUART, FL 34997			
2. Principal Place of Business - No P.O. Box # 8005 SW YACHTSMAN DR.		3. Mailing Address 6526 SOUTH KAMEN HLY # 348				
Suite, Apt. #, etc.		Suite, Apt. #, etc.		05162007 Chg-LLC CR2E083 (12/06)		
City & State STUART FL		City & State STUART FL		4. FEI Number 42-1567573		
Zip 34997		Country USA		5. Certificate of Status Desired <input checked="" type="checkbox"/> \$5.00 Additional Fee Required		
6. Name and Address of Current Registered Agent TAUDIEN, EVAN L SR. 1787 S.E. MONROE STREET STUART, FL 34997			7. Name and Address of New Registered Agent Name: TAUDIEN EVAN L SR. Street Address (P.O. Box Number is Not Acceptable): 8005 SW YACHTSMAN DRIVE City: STUART FL Zip Code: 34997			
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: 6-25-07 <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 September 14, 2007		Make check payable to Florida Department of State				
9. MANAGING MEMBERS/MANAGERS			10. ADDITIONS/CHANGES			
TITLE MGR	NAME TAUDIEN, EVAN L		<input type="checkbox"/> Delete	TITLE PRESIDENT	NAME TAUDIEN EVAN L	
STREET ADDRESS 1787 SE MONROE STREET	CITY-ST-ZIP STUART, FL 34997		<input type="checkbox"/> Change <input type="checkbox"/> Addition	STREET ADDRESS 8005 SW YACHTSMAN DRIVE	CITY-ST-ZIP STUART FL 34997	
TITLE NAME	STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete	TITLE NAME	STREET ADDRESS CITY-ST-ZIP	
TITLE NAME	STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete	TITLE NAME	STREET ADDRESS CITY-ST-ZIP	
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TITLE NAME	STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete	TITLE NAME	STREET ADDRESS CITY-ST-ZIP	
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 the report as required by Chapter 608, Florida Statutes.						
SIGNATURE:			Date: 6-25-07 Daytime Phone #: 772 781-2443			