

2005 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Apr 29, 2005 8:00 am
Secretary of State

04-29-2005 90049 033 ****55.00

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1. Entity Name
PEAKE MANAGEMENT GROUP, LLC



Principal Place of Business
**3065 CHEROKEE ROAD
SAINT CLOUD, FL 34772**

Mailing Address
**3065 CHEROKEE ROAD
SAINT CLOUD, FL 34772-7451**

20051118



04182005 No Chg-LLC

CR2E083 (10/03)

DO NOT WRITE IN THIS SPACE

4. FEI Number

56-2361315

Applied For

Not Applicable

5. Certificate of Status Desired



\$5.00 Additional
Fee Required

6. Name and Address of Current Registered Agent

PIERCE, ROBERT A
227 SOUTH CALHOUN STREET
TALLAHASSEE, FL 32301

Wesley E. Peake
3065 Cherokee Rd.
St. Cloud, FL 34772-7451

Change:

407-957-5962
w.peak@mindspring.com

**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

Wesley E. Peake

Wesley E. Peake

4-19-05

Signature, type or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

Filing Fee is \$50.00
Due by May 1, 2005

9. MANAGING MEMBERS/MANAGERS

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
MGRM
PEAKE, WESLEY E
3065 CHEROKEE RD
SAINT CLOUD, FL 34772

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

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STREET ADDRESS
CITY-ST-ZIP

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IN THIS SPACE**

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:

Wesley E. Peake

4-18-05

407-957-5962

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, OR AUTHORIZED REPRESENTATIVE

DATE

Daytime Phone #