

2004 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L03000019411

FILED
Apr 23, 2004
Secretary of State

Entity Name: PEACOCK & ASSOCIATES, LLC

Current Principal Place of Business:

5885 EDENFIELD ROAD
N15
JACKSONVILLE, FL 32277

Current Mailing Address:

5885 EDENFIELD ROAD
N15
JACKSONVILLE, FL 32277

New Principal Place of Business:

4800 AMELIA ISLAND PARKWAY
B141
AMELIA ISLAND, FL 32034

New Mailing Address:

P.O. BOX 16498
FERNANDINA BEACH, FL 32035

FEI Number: 83-0361580

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

PEACOCK, FRANK C JR.
5885 EDENFIELD ROAD
N15
JACKSONVILLE, FL 32277 US

Name and Address of New Registered Agent:

PEACOCK, FRANK C JR.
4800 AMELIA ISLAND PARKWAY
B141
AMELIA ISLAND, FL 32034 US

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.

SIGNATURE:

04/23/2004

Electronic Signature of Registered Agent

Date

MANAGING MEMBERS/MEMBERS:

Title: () Delete
Name:
Address:
City-St-Zip:

Title: () Delete
Name:
Address:
City-St-Zip:

ADDITIONS/CHANGES:

Title: MGRM () Change (X) Addition
Name: PEACOCK, FRANK C JR
Address: 4800 AMELIA ISLAND PARKWAY
City-St-Zip: AMELIA ISLAND, FL 32034 US

Title: MGR () Change (X) Addition
Name: PEACOCK, CHERYL A
Address: 10 LIVE OAK DRIVE
City-St-Zip: ISLE OF PALMS, SC 29451 US

I hereby certify that the information supplied with this filing does not qualify for the 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 electronic 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: FRANK C. PEACOCK, JR.

MGRM

04/23/2004

Electronic Signature of Signing Managing Member, Manager, or Authorized Representative / Date