

2006 LIMITED LIABILITY COMPANY ANNUAL REPORT (AR)

FILED
Apr 04, 2006 8:00 am
Secretary of State

04-04-2006 90009 021 ****50.00

DOCUMENT # L03000036501

1. Entity Name

PENINSULA PROPERTY, LLC



Principal Place of Business

137 OLD CARRIAGE ROAD
PONCE INLET FL 32127

Mailing Address

137 OLD CARRIAGE ROAD
PONCE INLET FL 32127



2. Principal Place of Business

3. Mailing Address

#3 OCEANS WEST BLVD

P.O. Box 238417

Suite, Apt. #, etc.

Suite, Apt. #, etc.

UNIT 5c5

City & State

City & State

DAYTONA BEACH SHORES, FL

PORT ORANGE, FL

Zip

Country

Zip

Country

32118

USA

32123

USA

1st MOORE

CR2E083 (10/05)

4. FEI Number

NO-T APPLICABLE

Applied For

☒ Not Applicable

5. Certificate of Status Desired ☐

\$5.00 Additional
Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

FLICK, JAMES J
608 EAST CENTRAL BLVD.
PONCE INLET FL 32127

Name

HOWARD CAUVEL

Street Address (P.O. Box Number is Not Acceptable)

233 E. RICH AVE

City

DELAND

FL

Zip Code

32724

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]

(Signature, typed or printed name of registered agent and title, if applicable.)

(NOTE: Registered Agent signature required when reinstating.)

3/27/06

FILE NOW!!! FEE IS \$50.00

Make Check Payable to Florida Department of State
Due By May 1, 2006

9. MANAGING MEMBERS / MANAGERS

10. ADDITIONS / CHANGES

TITLE T ☐ Delete
NAME BEAUREGARD, RICHARD J
STREET ADDRESS 137 OLD CARRIAGE RD
CITY - ST - ZIP PONCE INLET FL 32127

TITLE ☒ Change ☐ Addition
NAME RICHARD J. BEAUREGARD
STREET ADDRESS #3 OCEANS WEST BLVD UNIT 5c5
CITY - ST - ZIP DAYTONA BEACH SHORES, FL 32118

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY - ST - ZIP

TITLE ☐ Change ☐ Addition
NAME
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CITY - ST - ZIP

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CITY - ST - ZIP

11. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Section 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:

[Signature]

RICHARD J BEAUREGARD

3/27/06

(386) 801-2444

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

Date

Daytime Phone #