2004 LIMITED LIABILITY COMPANY ANNUAL REPORT

SIGNATURE: SIGNATURE AND TYPED OR PA

FILED Apr 29, 2004 8:00 am Secretary of State

04-29-2004 90074 020 ****50.00

Daytime Phone #

1. Entity Nam PECKCO				04-29-2004 90074 020 *******50.00				
Principal Place of Business 1159 HILLSBORO MILE HILLSBORO BEACH, FL 33062 Mailing Address 1159 HILLSBORO MILE HILLSBORO BEACH, FL 33062					240596	31		
2. Principal Pl	lace of Business	3. Mailing Address						
Suite, Apt. #, etc. Suite, Apt.		Suite, Apt # etc	•	04162004		CR2E083		
City & State	° \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \		4. FEI Num	ber			plied For t Applicable	
Zip	County		Country	. 5. Certifica	te of Status Desired		5.00 Addi e Required	itional
6. Name and Address of Current Registered Agent				7. Name ar	nd Address of New R	egistered Age	∍nt	
PECORÁ, TONY						<i>/</i> :		•
1159 HILLSBORO MILE HILLSBORO BEACH, FL 33062				ess (P.O. Box Num	nber is Not Acceptable	7		
A THEEDOTTO BEACH, TE 00002				\ \frac{1}{2}	7101100	`		
Λ				K	/	, FL	Zip Code)
the obligati	named entity submits this statement for ions of registered agent.	the purpose of changing its	registered office or reg	gistered agent, or b	ooth, in the State of Flo	[_/ [a	//	and accept
SIGNATURE .	della	ANN	E: Registered Agent signature re			DATE	<u> </u>	
	Signature, typed ir printed name of registered agent a	nd title ii applicable. [NO1	c: Registered Agent signature re	equired when reinstating)		UAIF.		-
Fi Di	ling Fee is \$50.00 ue by May 1, 2004					e check pay Departmen		;
9.	MANAGING MEMBE	RS/MANAGERS	10.		ADDITIONS	/CHANGES		
TITLE	MGRM ***	☐ Delete	TITLE				Change	Addition
NAME	PECORA, TONY		NAME					
STREET ADDRESS CITY-ST-ZIP	1159 HILLSBORO MILE HILLSBORO BEACH, FL 33062		STREET ADDRESS CITY-ST-ZIP					
TITLE	MGRM	Delete	TITLE				7 Change	Addition
NAME	DEDS, NICOLE		NAME			_	- ,	_
STREET ADDRESS	1159 HILLSBORO MILE	_	STREET ADDRESS					
CITY-ST-ZIP	HILLSBORO BEACH, FL 33062		CITY-ST-ZIP					
TITLE NAME	MGRM CAMAC, HOWARD	Delete	TITLE NAME .			L	Change	Addition
STREET ADDRESS	1159 HILLSBORO MILE	(, '.	STREET ADDRESS					
CITY-ST-ZIP	HILLSBORO BEACH, FL 33062		CITY-ST-ZIP					
TITLE	- 11	☐ Delete	TITLE] Change	Addition
NAME			NAME					
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NAME		- Delete	NAME					
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CITY-ST-ZIP			CITY-ST-ZIP					
TITLE NAME		☐ Oelete	TITLE NAME				Change	Addition
STREET ADDRESS	^		STREET ADDRESS					
CITY-ST-ZIP	/}		CITY-ST-ZIP					
11. I hereby of indicated limited lia	certify that the information supplied with on this report is true and accurate and bility company or the receiver prorustee	this filing does not qualify for that my signature shall have empowered to execute this	or the exemption stated the same legal effect a report as required by (in Section 119.07(: as if made under oa Chapter 608, Florid	3)(i), Florida Statutes. ath; that I am a manag a Statutes.	I further certify ging member o	that the in or manage	formation r of the

NTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE