2006 LIMITED LIABILITY COMPANY

FILED Apr 10, 2006 08:00 AM Secretary of State

Applied For Nat Applicable

\$5.00 Additional Fee Required

ANNUAL REPORT				Secreta	D 1987	of Sta
DOCUMENT # L0400 1. Entity Name PEAC, LLC	0008712			Secreta	ai y	oi sta
Principal Place of Business 2002 SAN MARCO BLVD 204 JACKSONVILLE, FL 32207	Mailing Address 2002 SAN MARCO BLVD 204 JACKSONVILLE, FL 32207					
			01162006 No	Chg-LLC	,	2083 (11/05)
DO NOT WRITE IN THIS SPA		CE	4. FEI Number 20-28878	860		Ar
		,	5. Certificate of	Status Desired		\$5.00 Add Fee Require
6. Name and Address of	Current Registered Agent					
SAFFELL, PAUL K 1910 SAN MARCO BLVD JACKSONVILLE, FL 32207	. — .			OT W		

DO	NOT	WRI	TE
IN	THIS	SPAC	Œ

SIGNATURE.	Signature, typed or printed name of registered agent and title if applicable.	(PIOTE: Registered Agent signature required when reinstating)	DATE
F	iling Fee is \$50.00 ue by May 1, 2006		000000500551 04/25/06-80026-023 50.00
9.	MANAGING MEMBERS/MANAGERS		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM SAFFELL, PAUL K 1910 SAN MARCO BLVD JACKSONVILLE, FL 32207		
TISLE NAME SIRSET ADDRESS CITY-ST-ZIP			•
DILE NAME STREET ADDRESS CHY-ST-ZP		DO I	NOT WRITE
TITLE NAME STREET ADDRESS GITY-ST-ZIP		IN T	HIS SPACE
TITLE NAME STREET ADDRESS C(TY-ST-ZIP			
IIILE NAME SIRELI ADDRESS CITY - ST - ZIP			•
t1. I hereby of indicated limited lia	certify that the information supplied with this filing does not on this report is true and accurate and that my signature sh bility company or the receiver or trustee empowered to exec	rualify for the exemptions contained in Chapter 119, all have the same legal effect as if made under oath cute this report as required by Chapter 608, Florida	Florida Statutes. I further certify that the information t; that I am a managing member or manager of the Statutes.

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.