2008 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT # L04000008712

1. Entity Name
PEAC, LLC

Principal Place of Business	Mailing Address
2002 SAN MARCO BLVD 204 JACKSONVILLE, FL 32207	2002 SAN MARCO BLVD 204 JACKSONVILLE, FL 32207

DO NOT WRITE IN THIS SPACE

03072008 No Chg-LLC   CR2E083 (12/07)

4. FEI Number	Applied For
20-2887860	Not Applicable

5. Certificate of Status Desired ☐   **$5.00** Additional Fee Required

6. Name and Address of Current Registered Agent

SAFFELL, PAUL K
1910 SAN MARCO BLVD
JACKSONVILLE, FL 32207

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_____

Signature, typed or printed name of registered agent and title if applicable   (NOTE: Registered Agent signature required when reinstating)   DATE

FILE NOW!!! FEE IS $138.75
After May 1, 2008 Fee will be $538.75

U000008653302
04/03/08--00005-014 130.75

9.	MANAGING MEMBERS/MANAGERS
TITLE	MGRM
NAME	SAFFELL, PAUL K
STREET ADDRESS	1910 SAN MARCO BLVD
CITY-ST-ZIP	JACKSONVILLE, FL 32207
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
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NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

DO NOT WRITE IN THIS SPACE

11. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 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 AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, OR AUTHORIZED REPRESENTATIVE   Date   Daytime Phone #