2006 LIMITED LIABILITY COMPANY ANNUAL REPORT



FILED Apr 14, 2006 8:00 am Secretary of State

1. Entity Name PEACE RIVER CAPITAL GROUP, LLC						04-14-2006 90030 045 ****50.00				
Principal Place 225 W. VIRGI PUNTA GORD		Mailing Address 225 W. VIRGINIA AVE PUNTA GORDA, FL 33950				r marmur		88 1 lil 1 88 1		
2. Principal Place of Business		3. Mailing Address								
Suite, Apt. #, etc.		Suite, Apt. #, etc.		03212006	Chg-LLC	CR2E0	83 (11/05)			
City & State		City & State		4. FEI Numb 20-070			No	plied For t Applicable		
Zip Country		Zip	,			of Status Desired		\$5.00 Add Fee Required		
	6. Name and Address of Current	Registered Agent		.=	7. Name and	Address of New R	egistered /	Agent		
				Name						
225 W. VIF	XFORD R CPA RGINIA AVE DRDA, FL 33950	Street Add		Street Addres	s (P.O. Box Number is Not Acceptable)					
	. J.					*****		T =		
	X.	City					FL	Zip Code	3	
	named entity submits this statement for ions of registered agent.	or the purpose of changing its	register	ed office or regis	stered agent, or bo	th, in the State of Flo	orida. I am t	amiliar with,	and accept	
SIGNATURE .	Signature, typed or printed name of registered agent	and title if applicable. (NOT	E: Registere	d Agent signature requ	uired when reinstating)		DATE			
Filing Fee is \$50.00 Due by May 1, 2006										
Fi Di	iling Fee is \$50.00 ue by May 1, 2006						e check p Departm	ayable to ent of State)	
Fi D	ling Fee is \$50.00 ue by May 1, 2006 MANAGING MEMBI	ERS/MANAGERS	10.		-		Departm	ent of State	•	
Dı	ue by May 1, 2006	RS/MANAGERS	10. TITU	<u> </u>		Florida	Departm	ent of State	Addition	
9.	MANAGING MEMBE MGRM SING, WILLIAM W		-1		-	Florida	Departm	ent of State		
9. TITLE NAME STREET ADDRESS	MANAGING MEMBE MGRM SING, WILLIAM W P.O. BOX 511327	☐ Delete	TITLE NAM STRE	ET ADDRESS	-	Florida	Departm	ent of State		
9. TITLE NAME	MANAGING MEMBI MGRM SING, WILLIAM W P.O. BOX 511327 PUNTA GORDA, FL 339511327	.☐ Delete	TITLE NAM STRE	E	-	Florida	Departm	ent of State		
9. TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE	MANAGING MEMBE MGRM SING, WILLIAM W P.O. BOX 511327 PUNTA GORDA, FL 339511327 MGRM	☐ Delete	TITLE NAM STRE CITY TITLE	E EET ADDRESS -ST-ZIP	-	Florida	Departm	ent of State		
9. TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME	MANAGING MEMBE MGRM SING, WILLIAM W P.O. BOX 511327 PUNTA GORDA, FL 339511327 MGRM SIMS, PENELOPE	.☐ Delete	TITLE NAM STRE CITY TITLE	E EET ADDRESS -ST-ZIP	-	Florida	Departm	ent of State	Addition	
9. TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS	MANAGING MEMBER MGRM SING, WILLIAM W P.O. BOX 511327 PUNTA GORDA, FL 339511327 MGRM SIMS, PENELOPE P.O. BOOX 511327	□ Delete	TITLE NAM STRE CITY TITLE NAM STRE	E ET ADDRESS -ST-ZIP E E E E E E E E E ADDRESS		Florida	Departm	ent of State	Addition	
9. TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP	MANAGING MEMBE MGRM SING, WILLIAM W P.O. BOX 511327 PUNTA GORDA, FL 339511327 MGRM SIMS, PENELOPE	□ Delete	TITUS NAM STRE CITY TITUS NAM STRE CITY	E ET ADDRESS -ST-ZIP E E E E E E E E E E E E E E E E E E E		Florida	Departm	Change	Addition Addition	
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9. TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME	MANAGING MEMBER MGRM SING, WILLIAM W P.O. BOX 511327 PUNTA GORDA, FL 339511327 MGRM SIMS, PENELOPE P.O. BOOX 511327	□ Delete	TITLE NAM STRE CITY TITLE NAM STRE CITY TITLE NAM STRE CITY TITLE NAM	E EET ADDRESS -ST-ZIP E E ET ADDRESS -ST-ZIP E E E		Florida	Departm	Change	Addition Addition	
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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 regeiver 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, MANAGER, OR AUTHORIZED REPRESENTATIVE

Daytime Phone #