2007 LIMITED LIABILITY COMPANY

ANNUAL REPORT

DOCUMENT #L0400009287

1. Entity Name



FILED Apr 16, 2007 8:00 am Secretary of State

04-16-2007 90339 030 ****50.00

PEACE RIVER CAPITAL GROUP, LLC									
Principal Place of Business 225 W. VIRGINIA AVE PUNTA GORDA, FL 33950		Mailing Address 225 W. VIRGINIA AVE PUNTA GORDA, FL 33950		1 1 1 1 1 1 1 1 1 1	I BRIIT BIBII BBIIT BBIIT DB	ikii 8 B ini 96 518 48	NIE 1800 I DIE 181	8 8 P. 1 III (10 P. 1	
2. Principal F	Place of Business - No P.O. Box #	3. Mailing Address							
Suite, Apt. #, etc.		Suite, Apt. #, etc.			04052007	Chg-LLC	CR2E0	83 (12/06)	
City & State		City & State			4. FEI Numb 20-070				oplied For ot Applicable
Zip	Country	Zip 	Country		5. Certificate	of Status Desired		\$5.00 Add Fee Require	
	6. Name and Address of Current R	Registered Agent			7. Name and	Address of New I	Registered /	Agent	
KOCH, REXFORD R CPA			Nar 	Name					
	RGINIA AVE ORDA, FL 33950		Stre	eet Address (i	P.O. Box Numb	er is Not Acceptabl	le)		
i			City	у			FL	Zip Cod	ie
8. The above	named entity submits this statement for	the purpose of changing its re	gistered offi	ce or register	ed agent, or bo	oth, in the State of Fl		• [
the obligations of registered agent. SIGNATURE									
	Signature, typed or printed name of registered agent ar	nd title if applicable. (NOTE: R	Registered Agent	signature required	when reinstating)	·	DATE		
	iling Fee is \$50.00 ue by May 1, 2007						ke check p la Departm	ayable to ent of State	e
	• ,						-		
9.	MANAGING MEMBER	RS/MANAGERS	10.			ADDITIONS	/CHANGES		
TITLE ·	MGRM	☐ Delete	TITLE					☐ Change	Addition
NAME	SING, WILLIAM W		NAME						
STREET ADDRESS CITY-ST-ZIP	P.O. BOX 511327		STREET ADDR						
	PUNTA GORDA, FL 339511327								
TITLE NAME .	MGRM SIMS, PENELOPE	Delete	TITLE NAME					Change	Addition
STREET ADDRESS	P.O. BOOX 511327		STREET ADDR	RESS					
CITY-ST-ZIP	PUNTA GORDA, FL 339511327		CITY-ST-ZIP	- 1					
TITLE	_	☐ Delete	TITLE		·			7 Change	Addition
NAME			NAME						_ :
STREET ADDRESS			STREET ADDR	1					
CITY-ST-ZIP			CITY-\$1-ZIP	,					
TITLE		☐ Delete	TITLE					Change	Addition
NAME STREET ADDRESS			NAME						
CITY-ST-ZIP			STREET ADDR	i					
TITLE		□ Delete	TITLE						Addition
NAME		Delete	NAME					Change	Addition
STREET ADDRESS			STREET ADDR	RESS					
CITY-ST-ZIP			CITY-ST-ZIP	I					
TITLE		☐ Delete	TITLE					Change	Addition
NAME			NAME					-	
STREET ADDRESS			STREET ADDR	I					
CITY-ST-ZIP			CITY-ST-ZIP		· 				
11. Thereby of	certify that the information supplied with t	this filing does not qualify for th	e exemption	ns contained i	in Chanter 110	Florida Statutes 1 f	urther certify	that the info	rmation

Indexed certify that the information supplied with this filling does not quality 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: WWW OWNV
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE