## 2007 LIMITED LIABILITY COMPANY ANNUAL REPORT

DO NOT WRITE IN THIS SPACE

**DOCUMENT # L04000018377** 

1. Entity Name PEACH HOLDINGS, L.L.C.



FILED
May 11, 2007 08:00 AM
Secretary of State

Principal Place of Business

143 PEACH COURT MARCO ISLAND, FL 34145 Mailing Address

143 PEACH COURT MARCO ISLAND, FL 34145



02192007 No Chg-LLC

CR2E083 (11/05)

4. FEI Number	·······	Applied For
16-1694988		Not Applicable
5. Certificate of Status Desired		\$5.00 Additional Fee Required

6. Name and Address of Current Registered Agent

WOODWARD, CRAIG R 606 BALD EAGLE DRIVE, SUITE 500 MARCO ISLAND, FL 34145

## DO NOT WRITE IN THIS SPACE

		IN	THIS SPACE	
	named entity submits this statement for the purpose of cha tions of registered agent.	l nging its registered office or registered agent, or b	oth, in the State of Florida. I am familiar with, and accept	
SIGNATURE.	Signature, typed or printed name of registered agent and title if applicable	(NOTE: Registered Agent signature required when reinstating)	DATE	
Fi D	lling Fee is \$50.00 ue by May 1, 2007			
9.	MANAGING MEMBERS/MANAGERS			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGR BLASS, MICHAEL 138 PEACH COURT MARCO ISLAND, FL 34145		U00000763614 05/30/07-80017-016 50.00	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGR CIARAMITARO, PAUL 150 PEACH COURT MARCO ISLAND, FL 34145			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGR TOTOS, DAVID 143 PEACH COURT MARCO ISLAND, FL 34145	DO	NOT WRITE	
TITLE NAME STREET ADDRESS CITY-ST-ZIP		IN	IN THIS SPACE	
TITLE NAME				

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 employered to execute this report as required by Chapter 608, Florida Statutes.

SIGNATURE:

STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, OR AUTHORIZED REPRESENTATIVE

05-01.07

239.394.2749

Daytime Phone #