

**2007 LIMITED LIABILITY COMPANY  
ANNUAL REPORT**

**FILED**  
**Feb 02, 2007 08:00 AM**  
**Secretary of State**

DOCUMENT # L04000019045

1. Entity Name  
PEAK VALLEY, L.L.C.



Principal Place of Business  
301 WEST CAMINO GARDENS BLVD.  
SUITE 101  
BOCA RATON, FL 33432

Mailing Address  
P.O. BOX 352  
BOCA RATON, FL 33432



01102007 No Chg-LLC

CR2E083 (11/05)

**DO NOT WRITE IN THIS SPACE**

4. FEI Number 20-0856185	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$5.00 Additional Fee Required

**6. Name and Address of Current Registered Agent**

MACHEN, JIM D  
301 WEST CAMINO GARDENS BLVD.  
SUITE 101  
BOCA RATON, FL 33432

**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 \_\_\_\_\_

**Filing Fee is \$50.00  
Due by May 1, 2007**

**9. MANAGING MEMBERS/MANAGERS**

TITLE	MGRM
NAME	BAILEY, JEFFREY H
STREET ADDRESS	P.O. BOX 352
CITY- ST- ZIP	BOCA RATON, FL 33432

TITLE	MGRM
NAME	PHILLIPPE, MISSY M
STREET ADDRESS	P.O. BOX 352
CITY- ST- ZIP	BOCA RATON, FL 33432

TITLE	MGRM
NAME	BAILEY, DOUGLAS S
STREET ADDRESS	P.O. BOX 352
CITY- ST- ZIP	BOCA RATON, FL 33432

TITLE	
NAME	
STREET ADDRESS	
CITY- ST- ZIP	

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TITLE	
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STREET ADDRESS	
CITY- ST- ZIP	

1100000618752  
02/08/07-80042-006 50.00

**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:** \_\_\_\_\_

Jeffrey H. Bailey / 26 / 7970 / 476 / 2700

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

Date

Daytime Phone #