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Jul 29, 2005 8:00 am
Secretary of State
05-04-2005 90037 002 ****50.00

2005 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT # L04000035616

1. Entity Name
PEAK PROFESSIONAL CONSTRACTORS, LLC

Principal Place of Business	Mailing Address
1515 EAST HEWETT SANTA ROSA BEACH, FL 32459	1515 EAST HEWETT SANTA ROSA BEACH, FL 32459

30010335

(L04000035616C)

04252005 Chg-LLC CR2E083 (10/03)

2. Principal Place of Business	3. Mailing Address
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State	City & State
Zip / Country	Zip / Country

4. FEI Number 86-1106402 ☐ Applied For ☐ Not Applicable

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

6. Name and Address of Current Registered Agent	7. Name and Address of New Registered Agent
BURNS, JEFFREY M 1515 EAST HEWETT SANTA ROSA BEACH, FL 32459	Name: BURNS, JEFFREY M. Street Address (P.O. Box Number is Not Acceptable): 191 BAY CIRCLE DR. City: SANTA ROSA BEACH FL Zip Code: 32459

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 _____ 7.26.05
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when no heading) DATE

Filing Fee is $550.00
Due by May 1, 2005

Make check payable to Florida Department of State

9. MANAGING MEMBERS / MANAGERS		10. ADDITIONS / CHANGES	
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	PRESIDENT JEFFREY M. BURNS 191 BAY CIRCLE DR SANTA ROSA BEACH, FL. 32459 ☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	VICE-PRESIDENT DEBORAH A. BURNS 191 BAY CIRCLE DR. SANTA ROSA BEACH, FL 32459 ☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Change ☐ Addition

11. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), 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 605, Florida Statutes.

SIGNATURE: _____ 4.28.05 850-622-3354
SIGNATURE AND TITLE OF AUTHORIZED MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE Date Daytime Phone #