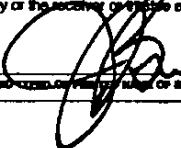


FILED
Jul 29, 2005 8:00 am
Secretary of State

05-04-2005 90037 002 ****50.00

**2005 LIMITED LIABILITY COMPANY
ANNUAL REPORT**

DOCUMENT # L04000035616			
1. Entity Name PEAK PROFESSIONAL CONSTRUCTORS, LLC			
Principal Place of Business 1515 EAST HEWETT SANTA ROSA BEACH, FL. 32459		Mailing Address 1515 EAST HEWETT SANTA ROSA BEACH, FL. 32459	
2. Principal Place of Business		3. Mailing Address	
Subs, Apt. #, etc.		Subs, Apt. #, etc.	
City & State		City & State	
Zip	Country	Zip	Country
4. FEL 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 BURNS, JEFFREY M 1515 EAST HEWETT SANTA ROSA BEACH, FL. 32459		7. Name and Address of New Registered Agent 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 		DATE 7-26-05	
Filing Fee is \$50.00 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	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)(c), 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 secretary or officer empowered to execute this report as required by Chapter 606, Florida Statutes.			
SIGNATURE: 		DATE 7-28-05 850-622-3354	