2005 LIMITED LIABILITY COMPANY ANNUAL REPORT

Secretary of State **DOCUMENT # L04000040445** 02-08-2005 90110 002 ****50.00 3 PEACOCK ENTERPRISES LLC 02-08-2005 90110 001 *****5.00 Principal Place of Business Mailing Address **30000407** 2199 WHINDHAM DRIVE 2199 WHINDHAM DRIVE MOLINO, FL 32577 MOLINO, FL 32577 2 Principal Place of Busin WHInd Ham Drive Suite. Apt. #, etc. Suite. Apt. #, etc. Windham without the City & State (H) in the Place of Business Address. 01192005 Chg-LLC CR2E083 (10/03) 4. FEI Number 20-1175191 Applied For Not Applicable Country \$5.00 Additional 5. Certificate of Status Desired Fee Required 7. Name and Address of New Registered Agent 6. Name PEACOCK, JAMES Street Address (P.O. Box Number is Not Acceptable) 7213 TANNEHILL DRIVE PENSACOLA, FL 32526 Zio Code 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 Fiorida. I am familiar with, and accept the obligations of registered agent. SIGNATURE Signature, typed or printed name of registered agent and the if applicable. (NOTE: Registered Agent signature required when reinstitling DATE Filing Fee is \$50.00 Due by May 1, 2005 Make check payable to Florida Department of State MANAGING MEMBERS/MANAGERS ADDITIONS/CHANGES 9. 10. Change Addition MGRM TITLE ☐ Delete TITLE PEACOCK, JAMES NAME NAME Address only 2199 Windham Orive STREET ADDRESS 7213 TANNEHILL DRIVE STREET ADDRESS molino, FL 32577 CITY+ST-ZIP PENSACOLA, FL 32526 CITY-ST-ZIP MGR Addition TITLE Delete TITLE **☆** Change NAME PEACOCK, JAY NAME 2200 Trailwood Drive contonment FL 32533 STREET ADDRESS 7213 TANNEHILL DRIVE STREET ADDRESS COTY-ST-7P PENSACOLA, FL 32526 CITY-ST-7P TITLE Delete TITLE ☐ Change ☐ Add'tion PEACOCK, JAMES G I.AME NAME STREET ADDRESS 2199 WINDHAM DRIVE STREET ADDRESS CITY ST-ZIP **MOLINO, FL 32577** CITY-ST-ZIP TITLE De ete TILE ☐ Change Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE TITLE Addition ☐ Delete Change HAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-7IP CITY-ST-ZIP TITLE Delete TITLE ☐ Change ☐ Addition NAME MARKE STREET ADDRESS STREET ADDRESS CITY-ST-7IP CITY-ST-ZIP 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 608, Florida Statutes.

INTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE

FILED Feb 08, 2005 8:00 am

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