

**2006 LIMITED LIABILITY COMPANY
ANNUAL REPORT**

FILED
Apr 13, 2006 8:00 am
Secretary of State

04-13-2006 90042 049 ****50.00

DOCUMENT # L04000046970

1. Entity Name
PEACOCK UNIVERSITY, LLC



Principal Place of Business
**2442 METROCENTRE BLVD.
WEST PALM BEACH, FL 33407-3105**

Mailing Address
**2442 METROCENTRE BLVD.
WEST PALM BEACH, FL 33407-3105**

DO NOT WRITE IN THIS SPACE



03242006 No Chg-LLC

CR2E083 (11/05)

4. FEI Number
20-1290150

Applied For
Not Applicable

5. Certificate of Status Desired ☐

\$5.00 Additional
Fee Required

6. Name and Address of Current Registered Agent

**WHITE, JOHN II
1645 PALM BEACH LAKES BLVD.
SUITE 1200
WEST PALM BEACH, FL 33401**

**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, 2006**

9. MANAGING MEMBERS/MANAGERS

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**MGRM
MCINTOSH, ROBERT A
2442 METROCENTRE BLVD.
WEST PALM BEACH, FL 334073105**

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**MGRM
COWIE, PETER V
2442 METROCENTRE BLVD.
WEST PALM BEACH, FL 334073105**

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**MGRM
GIBSON, THOMAS R
2442 METROCENTRE BLVD.
WEST PALM BEACH, FL 334073105**

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

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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: **Thomas R. Gibson**

4/7/06

561-689-0220

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

Date

Daytime Phone #