


**2005 LIMITED LIABILITY COMPANY ANNUAL REPORT**

**FILED**  
**Jul 11, 2005 8:00 am**  
**Secretary of State**

07-11-2005 90044 034 \*\*\*\*55.00

**DOCUMENT # L04000077476**

1. Entity Name  
**RICHARD D. PECK & ASSOCIATES, LLC**




Principal Place of Business  
**1576 BELLA CRUZ DRIVE, SUITE 333  
 THE VILLAGES, FL 32159**

Mailing Address  
**1576 BELLA CRUZ DRIVE, SUITE 333  
 THE VILLAGES, FL 32159**

2. Principal Place of Business  
 Suite, Apt. #, etc.

3. Mailing Address  
 Suite, Apt. #, etc.

City & State  
 Zip Country



07052005 Chg-LLC CR2E083 (10/03)

4. FEI Number  
**16-1570333**

Applied For  
 Not Applicable

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

6. Name and Address of Current Registered Agent

**PECK, RICHARD D  
 1576 BELLA CRUZ DRIVE, SUITE 333  
 THE VILLAGES, FL 32159**

7. Name and Address of New Registered Agent

Name  
 Street Address (P.O. Box Number is Not Acceptable)  
 City **FL** Zip 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 Florida. I am familiar with, and accept the obligations of registered agent.

SIGNATURE \_\_\_\_\_ DATE \_\_\_\_\_  
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

**Filing Fee Is \$50.00  
 Due by September 7, 2005**



**Make check payable to  
 Florida Department of State**

9. MANAGING MEMBERS/MANAGERS

TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM PECK, RICHARD D 1576 BELLA CRUZ DRIVE, SUITE 333 THE VILLAGES, FL 32159	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete
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TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete

10. ADDITIONS/CHANGES

TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
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TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> 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 608, Florida Statutes.

**SIGNATURE:** Richard D. Peck **7/5/05** **877-771-2325**  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE Date Daytime Phone #