

2005 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L04000079232

Entity Name: SCOTT PEACHEE, LLC

FILED
Jan 03, 2005
Secretary of State

Current Principal Place of Business:

1210 BAKER STREET
LAKELAND, FL 33810 US

New Principal Place of Business:

1210 BAKER DRIVE
LAKELAND, FL 33810 US

Current Mailing Address:

P.O. BOX 91
BROWNSBURG, IN 46112 US

New Mailing Address:

FEI Number: 20-1826510 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired ()

Name and Address of Current Registered Agent:

PEACHEE, SCOTT K
1210 BAKER STREET
LAKELAND, FL 33810 US

Name and Address of New Registered Agent:

PEACHEE, SCOTT K
1210 BAKER DRIVE
LAKELAND, FL 33810 US

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.

SIGNATURE:

01/03/2005

Electronic Signature of Registered Agent

Date

MANAGING MEMBERS/MEMBERS:

Title: MGRM () Delete
Name: PEACHEE, SCOTT K
Address: 1210 BAKER STREET
City-St-Zip: LAKELAND, FL 33810 US

Title: MGRM () Delete
Name: HEATHCOTE, DAVID
Address: 1210 BAKER STREET
City-St-Zip: LAKELAND, FL 33810 US

Title: MGRM () Delete
Name: OLIVER, ANDREW
Address: 1210 BAKER STREET
City-St-Zip: LAKELAND, FL 33810 US

ADDITIONS/CHANGES:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the 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 electronic 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: SCOTT K. PEACHEE

MM

01/03/2005

Electronic Signature of Signing Managing Member, Manager, or Authorized Representative / Date