

2007 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L04000079236

FILED
Apr 24, 2007
Secretary of State

Entity Name: PEACHCREEK DEVELOPMENT GROUP OF NWF, LLC

Current Principal Place of Business:

4399 COMMONS DRIVE
SUITE 200
DESTIN, FL 32541

New Principal Place of Business:

1732 WEST COUNTY HIGHWAY 30-A
SUITE 105
SANTA ROSA BEACH, FL 32459

Current Mailing Address:

4399 COMMONS DRIVE
SUITE 200
DESTIN, FL 32541

New Mailing Address:

1732 WEST COUNTY HIGHWAY 30-A
SUITE 105
SANTA ROSA BEACH, FL 32459

FEI Number: 20-1821415

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

MCCORMICK, MICHAEL W
4399 COMMONS DRIVE
SUITE 200
DESTIN, FL 32541 US

Name and Address of New Registered Agent:

MATTHEWS, DANA C
MATTHEWS & HAWKINS, P.A.
4475 LEGENDARY DRIVE
DESTIN, FL 32541 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: DANA C. MATTHEWS

04/24/2007

Electronic Signature of Registered Agent

Date

MANAGING MEMBERS/MANAGERS:

Title: MGRM () Delete
Name: MCCORMICK DEVELOPMEN, T, INC.
Address: 4399 COMMONS DRIVE, STE 200
City-St-Zip: DESTIN, FL 32541

ADDITIONS/CHANGES:

Title: MGRM (X) Change () Addition
Name: MCCORMICK DEVELOPMEN, T, INC.
Address: 1732 WEST COUNTY HIGHWAY 30-A, SUITE 105
City-St-Zip: SANTA ROSA BEACH, FL 32459

I hereby certify that the information supplied with this filing does not qualify for the for the exemption stated in Chapter 119, 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: MCCORMICK DEVELOPMENT, INC.

MGRM

04/24/2007

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