2008 LIMITED LIABILITY COMPANY ANNUAL REPORT

DO NOT WRITE IN THIS SPACE

DOCUMENT # L05000003784

1. Entity Name

PECK ENTERPRISE, LLC



FILED Apr 28, 2008 08:00 AN Secretary of State

Principal Place of Business

753 CATTLEMEN ROAD

SUITE 102 SARASOTA, FL 34232 Mailing Address

753 CATTLEMEN ROAD SUITE 102 SARASOTA, FL 34232

02012008 No Chg-LLC

CR2E083 (12/07)

4.	FEI Number
	NOT APPLICABLE

Applied For Not Applicable

5. Certificate of Status Desired

\$5.00 Additional Fee Required

6. Name and Address of Current Registered Agent

POWELL, LOU A 753 CATTLEMEN ROAD SUITE 101 SARASOTA FL 34232

DO	NOT	WRITE
IN	THIS	SPACE

4-22-08

Daytime Phone #

JANAGOT	A, (L 34232		
	named entity submits this statement for the purpose of char ions of registered agent.	nging its registered office or registered agent, or both, in the State of Florida. I am familiar with, and ac	cept
SIGNATURE_	Signature, typed or printed name of registered agent and title if applicable	(NOTE: Registered Agent signature recurred when reinstating) DATE	-
	Significans, typed or printed memory registered agent and one in applicable	(10 E. Delabor Manda actions was commental)	
FILE After May	! NOW!!! FEE IS \$138.75 / 1, 2008 Fee will be \$538.75		
9.	MANAGING MEMBERS/MANAGERS		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM POWELL, LOU A 753 CATTLEMEN ROAD, SUITE 101 SARASOTA, FL 34232	U00000927678 05/20/08-80115-015 138.7	.
TITLE		05/20/08-80113-013 130/K	ت
NAME			1
STREET ADDRESS CITY-ST-ZIP			
TIFLE NAME			
STREET ADDRESS		DO NOT WRITE	ļ
CITY-ST-ZiP		DO NOT WRITE	
TITLE		IN THIS SPACE	
NAME STREET ADDRESS			
CITY-ST-ZIP		·	
TITLE			
NAME			
STREET ADDRESS CITY-ST-ZIP		3	
TITLE			
NAME			
STREET ADDRESS CITY-ST-ZIP			

11. I hereby certify that the information supplied with this filling 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 AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, OR AUTHORIZED REPRESENTATIVE