2007 LIMITED LIABILITY COMPANY AMENDED ANNUAL REPORT

FILED
07 NOV 19 PM 3:27
SECRETARY OF STATE
TALLAHASSEE FLORIDA

DOCUMENT # L05000019246

1. Entity Name
PEAK MANAGEMENT, LLC

Principal Place of Business	Mailing Address
1000 SE MONTEREY COMMONS BLVD. SUITE 100 STUART, FL 34996	1000 SE MONTEREY COMMONS BLVD. SUITE 100 STUART, FL 34996

11092007 Chg-LLC CR2E083 (12/06)

2. Principal Place of Business - No P.O. Box #	3. Mailing Address
11989 SE Intracoastal Terr.	11989 SE Intracoastal Terr
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State: Tequesta, FL	City & State: Tequesta, FL
Zip: 33469 Country: Martin	Zip: 33469 Country: Martin

4. FEI Number: 20-2502756 ☐ Applied For ☐ Not Applicable

5. Certificate of Status Desired ☐ $5.00 Additional Fee Required

6. Name and Address of Current Registered Agent	7. Name and Address of New Registered Agent
KOENIG, PAUL 1000 SE MONTEREY COMMONS BLVD SUITE 100 STUART, FL 34996	Name: Robert S. Kramer Street Address (P.O. Box Number is Not Acceptable): 853 SE Monterey Commons Boulevard City: Stuart FL Zip Code: 34996

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: R S Kramer 11/9/07
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE

Amended AR is $50.00

Make check payable to Florida Department of State

9. MANAGING MEMBERS/MANAGERS		10. ADDITIONS/CHANGES	
TITLE: MGRM NAME: KOENIG, PAUL A STREET ADDRESS: 1000 SE MONTEREY COMMONS BLVD., SUITE 100 CITY-ST-ZIP: STUART, FL 34996	☒ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition 800112390948 11/19/07--01006--002 **50.00
TITLE: MGRM NAME: KENNEDY, BERTRAM T STREET ADDRESS: 11989 SE INTRACOASTAL TERR. CITY-ST-ZIP: TEQUESTA, FL 33469	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
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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: Bertram T. Kennedy Nov. 9, 2007
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE Date Daytime Phone #