


**LIMITED LIABILITY COMPANY
 REPORT (AR) - DUE BY MAY 1, 2008**

FILED
Feb 04, 2008 8:00 am
Secretary of State

02-04-2008 90136 005 ***138.75

DOCUMENT # L05000033289

1. Entity Name
 PEACOCK FARMS, LLC



Principal Place of Business: 26044 FAWNWOOD CRT, BONITA SPRINGS FL 34134
 Mailing Address: 26044 FAWNWOOD CRT, BONITA SPRINGS FL 34134



2. Principal Place of Business - No P.O. Box #
 Suite, Apt. #, etc.
 City & State
 Zip Country

3. Mailing Address
 Suite, Apt. #, etc.
 City & State
 Zip Country

1st MOORE CR2E083 (10/07)

6. Name and Address of Current Registered Agent
 SCHUMANN, RAYMOND L
 27200 RIVERVIEW CENTER BLVD.
 103
 BONITA SPRINGS FL 34134

7. Name and Address of New Registered Agent
 Name: **FRANK KOZLOWSKI**
 Street Address (P.O. Box Number is Not Acceptable): **26044 FAWNWOOD CT**
 City: **Bonita Springs** FL Zip Code: **34134**

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: *Frank Schumann* DATE: **1/23/08**

FILE NOW!!! FEE IS \$138.75
After May 1, 2008, Fee Will Be \$538.75
Make Check Payable to Florida Department of State

9. MANAGING MEMBERS/MANAGERS

TITLE	MGRM	<input type="checkbox"/> Delete
NAME	N B M MANAGEMENT, LLC	
STREET ADDRESS	5172 SEAHORSE AVE.	
CITY-ST-ZIP	NAPLES FL 34103	
TITLE	MGRM	<input type="checkbox"/> Delete
NAME	SOUTHWEST FLORIDA CAPITAL INVESTORS, LLC	
STREET ADDRESS	4801 ISLAND POND COURT, #804	
CITY-ST-ZIP	BONITA SPRINGS FL 34134	
TITLE	MGRM	<input type="checkbox"/> Delete
NAME	KOZLOWSKI DEVELOPMFNT CO, INC.	
STREET ADDRESS	26044 FAWNWOOD CRT	
CITY-ST-ZIP	BONITA SPRINGS FL 34134	
TITLE	MGRM	<input type="checkbox"/> Delete
NAME	GILLETTE, ROBERT	
STREET ADDRESS	26201 MIRA WAY	
CITY-ST-ZIP	BONITA SPRINGS FL 34134	
TITLE	MGRM	<input type="checkbox"/> Delete
NAME	LYNETTE J. MEHLE TRUST	
STREET ADDRESS	26190 MIRA WAY	
CITY-ST-ZIP	BONITA SPRINGS FL 34134	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

10. ADDITIONS/CHANGES

TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
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TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

11. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Section 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: *Frank Schumann* DATE: **1/23/08** TELEPHONE: **239-992-5285**

SIGNATURE AND TYPE OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE