

# 2009 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L05000033289

Entity Name: PEACOCK FARMS, LLC

FILED  
Jan 07, 2009  
Secretary of State

**Current Principal Place of Business:**

26044 FAWNWOOD CRT  
BONITA SPRINGS, FL 34134

**New Principal Place of Business:**

**Current Mailing Address:**

26044 FAWNWOOD CRT  
BONITA SPRINGS, FL 34134

**New Mailing Address:**

FEI Number: 52-2456248

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

**Name and Address of Current Registered Agent:**

KOZLOWSKI, FRANK  
26044 FAWNWOOD CT  
2  
BONITA SPRINGS, FL 34134 US

**Name and Address of New Registered Agent:**

KOZLOWSKI, FRANK  
26044 FAWNWOOD CT  
BONITA SPRINGS, FL 34134 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:

01/07/2009

Electronic Signature of Registered Agent

Date

**MANAGING MEMBERS/MANAGERS:**

Title: MGRM ( ) Delete  
Name: N B M MANAGEMENT, LL, C  
Address: 5172 SEAHORSE AVE.  
City-St-Zip: NAPLES, FL 34103

Title: MGRM ( ) Delete  
Name: SOUTHWEST FLORIDA CA, PITAL INVESTOR S , LLC  
Address: 4801 ISLAND POND COURT, #804  
City-St-Zip: BONITA SPRINGS, FL 34134

Title: MGRM ( ) Delete  
Name: KOZLOWSKI DEVELOPMEN, T CO, INC.  
Address: 26044 FAWNWOOD CRT  
City-St-Zip: BONITA SPRINGS, FL 34134

Title: MGRM ( ) Delete  
Name: GILLETTE, ROBERT  
Address: 26201 MIRA WAY  
City-St-Zip: BONITA SPRINGS, FL 34134

Title: MGRM ( ) Delete  
Name: LYNETTE J. MEHLE TRU, ST  
Address: 26190 MIRA WAY  
City-St-Zip: BONITA SPRINGS, FL 34134

**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:

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 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: FRANK KOZLOWSKI

MGR

01/07/2009

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