

2006 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Mar 01, 2006 8:00 am
Secretary of State

03-01-2006 90225 029 ****50.00

DOCUMENT # L05000047103 1. Entity Name HERNDON PEDDIE INVESTMENTS, LLC			
Principal Place of Business 4924 SW 91ST DRIVE GAINESVILLE, FL 32068		Mailing Address 4924 SW 91ST DRIVE GAINESVILLE, FL 32068	
2. Principal Place of Business 405 NE 4th Ave Suite, Apt. #, etc.		3. Mailing Address 405 NE 4th Ave. Suite, Apt. #, etc.	
City & State Gainesville, FL Zip 32601 Country USA		City & State Gainesville, FL Zip 32601 Country USA	
4. FEI Number		Applied For <input checked="" type="checkbox"/> Not Applicable	
5. Certificate of Status Desired <input type="checkbox"/> \$5.00 Additional Fee Required		02272006 Chg-LLC CR2E083 (11/05)	
6. Name and Address of Current Registered Agent HERNDON PEDDIE, SUSANNAH 4924 SW 91ST DRIVE GAINESVILLE, FL 32068		7. Name and Address of New Registered Agent Name SUSANNAH HERNDON PEDDIE Street Address (P.O. Box Number is Not Acceptable) 405 NE 4th Ave. City Gainesville, FL Zip Code 32601	
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: <u>Susannah H. Peddie</u> DATE: <u>2/27/06</u> <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)</small>			
Filing Fee is \$50.00 Due by May 1, 2006		Make check payable to Florida Department of State	
9. MANAGING MEMBERS/MANAGERS		10. ADDITIONS/CHANGES	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGR HERNDON PEDDIE, SUSANNAH 4924 SW 91ST DRIVE GAINESVILLE, FL 32068	<input type="checkbox"/> Delete	TITLE MGR NAME STREET ADDRESS CITY-ST-ZIP
HERNDON PEDDIE, SUSANNAH 405 NE 4th Ave, Gainesville, FL 32601		<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGR SCOTT HERNDON, WINFIELD 1031 CAMPBELL AVENUE LAKE WALES, FL 33853	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP
<input type="checkbox"/> Change <input type="checkbox"/> Addition		<input type="checkbox"/> Change <input type="checkbox"/> Addition	
<input type="checkbox"/> Change <input type="checkbox"/> Addition		<input type="checkbox"/> Change <input type="checkbox"/> Addition	
<input type="checkbox"/> Change <input type="checkbox"/> Addition		<input type="checkbox"/> Change <input type="checkbox"/> Addition	
<input type="checkbox"/> Change <input type="checkbox"/> Addition		<input type="checkbox"/> Change <input type="checkbox"/> Addition	
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: <u>Susannah H. Peddie</u>		<u>2/27/06</u> <u>352-374-1010</u> <small>Date Daytime Phone #</small>	
<small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE</small>			