

2008 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L05000074710

FILED
Apr 07, 2008
Secretary of State

Entity Name: PEACOCK AND WADE, L.L.C.

Current Principal Place of Business:

313 MARGARET STREET
KEY WEST, FL 33040

New Principal Place of Business:

444 NE 96TH STREET
MIAMI SHORES, FL 33138

Current Mailing Address:

313 MARGARET STREET
KEY WEST, FL 33040

New Mailing Address:

444 NE 96TH STREET
MIAMI SHORES, FL 33138

FEI Number: 20-3824357

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

LEARD, DAMON W
313 MARGARET STREET
KEY WEST, FL 33040 US

Name and Address of New Registered Agent:

LEARD, DAMON W
444 NE 96TH STREET
MIAMI SHORES, FL 33138 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:

04/07/2008

Electronic Signature of Registered Agent

Date

MANAGING MEMBERS/MANAGERS:

Title: MGRM () Delete
Name: TRACY, ROBERT L
Address: 313 MARGARET STREET
City-St-Zip: KEY WEST, FL 33040

Title: MGRM () Delete
Name: LEARD, DAMON W
Address: 313 MARGARET STREET
City-St-Zip: KEY WEST, FL 33040

ADDITIONS/CHANGES:

Title: MGRM (X) Change () Addition
Name: PEACOCK, WILLIAM R
Address: 444 NE 96TH STREET
City-St-Zip: MIAMI SHORES, FL 33138

Title: MGRM (X) Change () Addition
Name: LEARD, DAMON W
Address: 620 THOMAS STREET, #194
City-St-Zip: KEY WEST, FL 33040

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: DAMON W LEARD

MGRM

04/07/2008

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