2008 LIMITED LIABILITY COMPANY ANNUAL REPORT

DO NOT WRITE IN THIS SPACE

FILED
Jan 14, 2008 08:00 AM
Secretary of State

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1. Entity Name

PEEK DEVELOPMENT, LLC



Principal Place of Business

1435 TROUT DRIVE

PANAMA CITY BEACH, FL 32408

Mailing Address

PO BOX 19469

PANAMA CITY BEACH, FL 32417



01082008 No Chg-LLC

CR2E083 (12/07)

4. FEI Number 20-3378827 Applied For Not Applicable

5. Certificate of Status Desired

\$5.00 Additional

6. Name and Address of Current Registered Agent

BURKE, MICHAEL S 415 BECKRICH ROAD STE 500 PANAMA CITY BEACH, FL 32407

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named entity submits this statement for the purpose of changin ions of registered agent	ng its registered office or registered agent, or both, in the State of Florida. I am familiar with, and accept
Signature, typed or printed name of registered agent and little if applicable	(NOTE Registered Agent signature required when reinstating) DATE
NOWIII FEE IS \$138.75 1, 2008 Fee will be \$538.75	U00000781698 01/15/08=80044-013_138_75
MANAGING MEMBERS/MANAGERS	
MGRM	
PEEK, JERRY L	
1435 TROUT DRIVE	
PANAMA CITY BEACH, FL 32408	
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	4
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	IN THIS SPACE
	IN THIS STACE
	Signature, typed or printed name of registered agent and title it applicable NOWILL FEE IS \$138.75 7 1, 2008 Fee will be \$538.75 MANAGING MEMBERS/MANAGERS MGRM PEEK, JERRY L 1435 TROUT DRIVE

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 eath, that I am a managing member or manager of the limited liability company or the received or trustee employered to execute this report as required by Chapter 608, Florida Statutes.

SIGNATURE:

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

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

1/10/08

(850)960-2021

Daytime Phone #