


**2007 LIMITED LIABILITY COMPANY ANNUAL REPORT**

**FILED**  
**Mar 01, 2007 8:00 am**  
**Secretary of State**

03-01-2007 90189 014 \*\*\*\*50.00

**DOCUMENT # L06000013326**

1. Entity Name  
**MCPECK INVESTMENTS, LLC**



Principal Place of Business  
**650 OCEAN DRIVE UNIT 5B  
 KEY BISCAYNE, FL 33149**

Mailing Address  
**650 OCEAN DRIVE UNIT 5B  
 KEY BISCAYNE, FL 33149**

**60020087**



2. Principal Place of Business - No P.O. Box #  
**650 Ocean Drive**

3. Mailing Address  
**650 Ocean Drive**

Suite, Apt. #, etc.  
**Unit 5D**

City & State  
**Key Biscayne FL**

Zip  
**33149**

02072007 Chg-LLC CR2E083 (12/06)

4. FEI Number **20-4256828** Applied For  
 Not Applicable

6. Name and Address of Current Registered Agent

**CORPORATE CREATIONS NETWORK, INC.  
 11380 PROSPERITY FARMS ROAD #221E  
 PALM BEACH GARDENS, FL 33410**

5. Certificate of Status Desired  **\$5.00** Additional Fee Required

7. Name and Address of New Registered Agent

Name  
 Street Address (P.O. Box Number is Not Acceptable)  
 City **FL** Zip Code

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 \_\_\_\_\_ (NOTE: Registered Agent signature required when reinstating) DATE \_\_\_\_\_

**Filing Fee is \$50.00 Due by May 1, 2007**

**Make check payable to Florida Department of State**

9. MANAGING MEMBERS / MANAGERS		10. ADDITIONS / CHANGES	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>MGRM MCPECK, REINA R 650 OCEAN DRIVE UNIT 5B KEY BISCAYNE, FL 33149</b> <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>Unit 5D</b> <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>MGRM MCPECK, GEORGE 650 OCEAN DRIVE UNIT 5B KEY BISCAYNE, FL 33149</b> <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>Unit 5D</b> <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
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TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<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:**  **2/8/2007 305-3612230**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE Date Daytime Phone #