2007 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
May 02, 2007
Secretary of State

DOCUMENT# L06000085105

Entity Name: VALERIE L. PEACOCK, LLC

Current Principal Place of Business:

2086 THOMASVILLE RD.
TALLAHASSEE, FL 323308

New Principal Place of Business:

322 BEARD STREET
TALLAHASSEE, FL 323303

Current Mailing Address:

PO BOX 15915
TALLAHASSEE, FL 323175915

New Mailing Address:

FEI Number: **FEI Number Applied For (X)** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**
In accordance with s. 607.193(2)(b), F.S., the limited liability company did not receive the prior notice.

Name and Address of Current Registered Agent:

PEACOCK, VALERIE L
2086 THOMASVILLE RD.
TALLAHASSEE, FL 323308 US

Name and Address of New Registered Agent:

PEACOCK, VALERIE L
322 BEARD STREET
TALLAHASSEE, FL 323303 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: 05/02/2007
Electronic Signature of Registered Agent — Date

MANAGING MEMBERS/MANAGERS:

Title: MGRM ( ) Delete
Name: PEACOCK, VALERIE L
Address: PO BOX 15915
City-St-Zip: TALLAHASSEE, FL 323175915

ADDITIONS/CHANGES:

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: VALERIE PEACOCK MGRM 05/02/2007
Electronic Signature of Signing Managing Member, Manager, or Authorized Representative / Date