


**2008 LIMITED LIABILITY COMPANY  
ANNUAL REPORT**

**FILED**  
**Mar 10, 2008 08:00 AM**  
**Secretary of State**

<b>DOCUMENT # L06000109595</b>		
1. Entity Name <b>PELTON MANAGEMENT, LLC</b>		
Principal Place of Business <b>2515 STATE ROAD 7, STE 230 WELLINGTON, FL 33414</b>	Mailing Address <b>2515 STATE ROAD 7, STE 230 WELLINGTON, FL 33414</b>	



02012008 No Chg-LLC

CR2E083 (12/07)

**DO NOT WRITE IN THIS SPACE**

4. FEI Number <b>20-5875765</b>	Applied For Not Applicable
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5. Certificate of Status Desired <input type="checkbox"/>	<b>\$5.00</b> Additional Fee Required
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**8. Name and Address of Current Registered Agent**

**STANLEY, MARC  
2515 STATE ROAD 7, STE 230  
WELLINGTON, FL 33414**

**DO NOT WRITE  
IN THIS SPACE**

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 \_\_\_\_\_

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE \_\_\_\_\_

**FILE NOW!!! FEE IS \$138.75  
After May 1, 2008 Fee will be \$538.75**

**9. MANAGING MEMBERS/MANAGERS**

TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>MGR GERTZ, RICHARD D 2515 STATE ROAD 7, STE 230 WELLINGTON, FL 33414</b>
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>MGR GERTZ, RICHARD D JR 2515 STATE ROAD 7, STE 230 WELLINGTON, FL 33414</b>
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>MGR DICAROLIA, MARK 2515 STATE ROAD 7, STE 230 WELLINGTON, FL 33414</b>
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>MGR STANLEY, MARC 2515 STATE ROAD 7, STE 230 WELLINGTON, FL 33414</b>
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	

**DO NOT WRITE  
IN THIS SPACE**

U000000851489  
03/25/08-80041-019 138.75

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:** \_\_\_\_\_

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

Date

Daytime Phone #