

# 2012 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L06000109595

**FILED**  
**Feb 07, 2012**  
**Secretary of State**

**Entity Name:** PELOTON MANAGEMENT, LLC

**Current Principal Place of Business:**

2515 STATE ROAD 7, STE 230  
WELLINGTON, FL 33414

**New Principal Place of Business:**

2335 S STATE RD 7  
STE 800  
WELLINGTON, FL 33414

**Current Mailing Address:**

2515 STATE ROAD 7, STE 230  
WELLINGTON, FL 33414

**New Mailing Address:**

2335 S STATE RD 7  
STE 800  
WELLINGTON, FL 33414

**FEI Number:** 20-5875765

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired ( )**

**Name and Address of Current Registered Agent:**

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

**Name and Address of New Registered Agent:**

STANLEY, MARC  
2335 S STATE RD 7  
STE 800  
WELLINGTON, FL 33414 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: MARC STANLEY

02/07/2012

Electronic Signature of Registered Agent

Date

**MANAGING MEMBERS/MANAGERS:**

Title: MGR  
Name: GERTZ, RICHARD D SR  
Address: 2335 S STATE RD 7, STE 800  
City-St-Zip: WELLINGTON, FL 33414

Title: MGR  
Name: GERTZ, RICHARD D JR  
Address: 2335 S STATE RD 7, STE 800  
City-St-Zip: WELLINGTON, FL 33414

Title: MGR  
Name: DICAROLIS, MARK  
Address: 2335 S STATE RD 7, STE 800  
City-St-Zip: WELLINGTON, FL 33414

Title: MGR  
Name: STANLEY, MARC  
Address: 2335 S STATE RD 7, STE 800  
City-St-Zip: WELLINGTON, FL 33414

I hereby 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: MARC STANLEY

MGR

02/07/2012

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