


2008 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
6/ Jun 23, 2008 8:00 am
Secretary of State

06-04-2008 90254 047 ***138.75

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| DOCUMENT # L07000022059 | |  | |
| 1. Entity Name PEACHTREE INVESTMENTS, LLC | | | |
| Principal Place of Business 1701 TENNESSEE AVENUE SUITE 200 LYNN HAVEN, FL 32444 US | | Mailing Address 1701 TENNESSEE AVENUE SUITE 200 LYNN HAVEN, FL 32444 US | |
| 2. Principal Place of Business - No P.O. Box # | | 3. Mailing Address | |
| Suite, Apt. #, etc. | | Suite, Apt. #, etc. | |
| City & State | | City & State | |
| Zip | Country | Zip | Country |
| 4. FEL Number 20-8532177 | | Applied For Not Applicable | |
| 5. Certificate of Status Desired <input type="checkbox"/> | | \$5.00 Additional Fee Required | |
| 6. Name and Address of Current Registered Agent TILLMAN, JEFF A 1701 TENNESSEE AVENUE SUITE 200 LYNN HAVEN, FL 32444 | | 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 _____ DATE _____ <small>Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reappointing)</small> | | | |
| FILE NOW!!! FEE IS \$138.75 Due by September 12, 2008 | | In accordance with s. 607.193(2)(b), F.S., the limited liability company did not receive the prior notice. | |
| Make check payable to Florida Department of State | | | |
| 9. MANAGING MEMBERS/MANAGERS | | 10. ADDITIONS/CHANGES | |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | MGRM TILLMAN, JEFF A 1701 TENNESSEE AVENUE, SUITE 200 LYNN HAVEN, FL 32444 <input type="checkbox"/> Delete | TITLE NAME STREET ADDRESS CITY-ST-ZIP | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | <input type="checkbox"/> Delete | TITLE NAME STREET ADDRESS CITY-ST-ZIP | MGRM Gregory clubbs 1701 Tennessee Ave Ste 200 Lynn Haven, FL 32444 <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | <input type="checkbox"/> Delete | TITLE NAME STREET ADDRESS CITY-ST-ZIP | MGRM James Watts 1701 Tennessee Ave Ste 200 Lynn Haven, FL 32444 <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition |
| 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 |
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| 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 <u>Jeff Tillman</u> <small>Signature, typed or printed name of signing managing member, manager, or authorized representative</small> | | Date <u>6-1-08</u> Daytime Phone # <u>850 248-3600</u> | |