

2009 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L07000022059

FILED
Jan 08, 2009
Secretary of State

Entity Name: PEACHTREE INVESTMENTS, LLC

Current Principal Place of Business:

1701 TENNESSEE AVENUE
SUITE 200
LYNN HAVEN, FL 32444 US

New Principal Place of Business:

Current Mailing Address:

1701 TENNESSEE AVENUE
SUITE 200
LYNN HAVEN, FL 32444 US

New Mailing Address:

FEI Number: 20-8532177

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

TILLMAN, JEFF A
1701 TENNESSEE AVENUE
SUITE 200
LYNN HAVEN, FL 32444 US

Name and Address of New Registered Agent:

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:

Electronic Signature of Registered Agent

Date

MANAGING MEMBERS/MANAGERS:

Title: MGRM () Delete
Name: TILLMAN, JEFF A
Address: 1701 TENNESSEE AVENUE, SUITE 200
City-St-Zip: LYNN HAVEN, FL 32444 US

Title: MGRM () Delete
Name: CLUBBS, GREGORY
Address: 1701 TENNESSE AVE STE 200
City-St-Zip: LYNN HAVEN, FL 32444

Title: MGRM () Delete
Name: WATTS, JAMES
Address: 1701 TENNESSEE AVENUE, SUITE 200
City-St-Zip: LYNN HAVEN, FL 32444

ADDITIONS/CHANGES:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

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: JEFFREY TILLMAN

MGRM

01/08/2009

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