

2009 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L07000034369

FILED
May 01, 2009
Secretary of State

Entity Name: PEEK PERFORMANCE INVESTIGATIONS LLC

Current Principal Place of Business:

55 NORTH MANTOR AVENUE
TITUSVILLE, FL 32796 US

New Principal Place of Business:

350 NORTH WASHINGTON AVENUE
SUITE N
TITUSVILLE, FL 32796 US

Current Mailing Address:

55 NORTH MANTOR AVENUE
TITUSVILLE, FL 32796 US

New Mailing Address:

350 NORTH WASHINGTON AVENUE
SUITE N
TITUSVILLE, FL 32796 US

FEI Number: 26-2164217 FEI Number Applied For () 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:

PEEK, ROBERT E JR.
55 NORTH MANTOR AVENUE
TITUSVILLE, FL 32796 US

Name and Address of New Registered Agent:

PEEK, ROBERT E RA
350 NORTH WASHINGTON AVENUE
SUITE N
TITUSVILLE, FL 32796 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: ROBERT E. PEEK JR.

05/01/2009

Electronic Signature of Registered Agent

Date

MANAGING MEMBERS/MANAGERS:

Title: MGRM () Delete
Name: PEEK, ROBERT E JR.
Address: 55 NORTH MANTOR AVENUE
City-St-Zip: TITUSVILLE, FL 32796

ADDITIONS/CHANGES:

Title: MGRM (X) Change () Addition
Name: PEEK, ROBERT E MGRM
Address: 350 NORTH WASHINGTON AVENUE SUITE N
City-St-Zip: TITUSVILLE, FL 32796 US

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: ROBERT E. PEEK JR.

MGRM

05/01/2009

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