

# 2008 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L07000060194

**FILED**  
**Jan 24, 2008**  
**Secretary of State**

**Entity Name:** PEAKS MANAGEMENT, L.L.C.

**Current Principal Place of Business:**

228 PONTE VEDRA PARK DRIVE  
STE 200  
PONTE VEDRA BEACH, FL 32082

**New Principal Place of Business:**

169 SAWMILL LAKES BOULEVARD  
PONTE VEDRA BEACH, FL 32082

**Current Mailing Address:**

POST OFFICE BOX 676  
PONTE VEDRA BEACH, FL 320040676

**New Mailing Address:**

169 SAWMILL LAKES BOULEVARD  
PONTE VEDRA BEACH, FL 32082

FEI Number: 26-0326441

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

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

WALKER, JAMES V  
228 PONTE VEDRA PARK DRIVE  
STE 200  
PONTE VEDRA BEACH, FL 32082 US

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

WALKER, JAMES V  
1102 A1A NORTH  
SUITE 108  
PONTE VEDRA BEACH, FL 32082 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: JAMES V. WALKER

01/24/2008

Electronic Signature of Registered Agent

Date

**MANAGING MEMBERS/MANAGERS:**

Title: MGR ( ) Delete  
Name: PEAKS, MICHAEL P  
Address: 228 PONTE VEDRA PARK DRIVE  
City-St-Zip: PONTE VEDRA BEACH, FL 32082

**ADDITIONS/CHANGES:**

Title: MGR (X) Change ( ) Addition  
Name: PEAKS, MICHAEL P  
Address: 169 SAWMILL LAKES BOULEVARD  
City-St-Zip: PONTE VEDRA BEACH, FL 32082

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: MICHAEL P. PEAKS

MGR

01/24/2008

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