


2008 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Feb 29, 2008 8:00 am
Secretary of State

02-29-2008 90101 020 ***138.75

DOCUMENT # L07000117275	
1. Entity Name PEACOCK HOUSE PROPERTIES 2, LLC	

Principal Place of Business 2042 BEE RIDGE ROAD SARASOTA, FL 34239	Mailing Address PO BOX 89 BRADENTON BEACH, FL 34217
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2. Principal Place of Business - No P.O. Box # 4016 Cortez Rd. W	3. Mailing Address
Suite, Apt. #, etc. Suite 1204	Suite, Apt. #, etc.
City & State Bradenton, FL	City & State
Zip 34210	Country USA



02262008 Chg-LLC CR2E083 (12/06)

6. Name and Address of Current Registered Agent	
VOIGT & VOIGT, P.A. 2042 BEE RIDGE ROAD SARASOTA, FL 34239	

4. FEI Number 26-1428776	Applied For <input type="checkbox"/> Not Applicable
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5. Certificate of Status Desired <input type="checkbox"/>	\$5.00 Additional Fee Required
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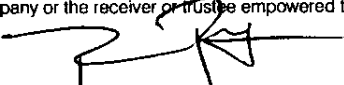
8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent.

SIGNATURE _____ (NOTE: Registered Agent signature required when reinstating) DATE _____

FILE NOW!!! FEE IS \$138.75 After May 1, 2008 Fee will be \$538.75	Make check payable to Florida Department of State
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9. MANAGING MEMBERS/MANAGERS		10. ADDITIONS/CHANGES	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM BUFF, JOHN R PO BOX 89 BRADENTON BEACH, FL 34217 <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	<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:  **2/26/08** **741-794-2257**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE Date Daytime Phone #