

# 2009 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L08000034837

**FILED**  
**Apr 02, 2009**  
**Secretary of State**

**Entity Name:** PEACH VALLEY DR. PHILLIPS, LLC

**Current Principal Place of Business:**

140 SOUTH ATLANTIC AVE STE 300  
ORMOND BEACH, FL 32176

**New Principal Place of Business:**

5072 DR PHILLIPS BLVD  
ORLANDO, FL 32819

**Current Mailing Address:**

140 SOUTH ATLANTIC AVE STE 300  
ORMOND BEACH, FL 32176

**New Mailing Address:**

**FEI Number:** 26-2362441      **FEI Number Applied For ( )**      **FEI Number Not Applicable ( )**      **Certificate of Status Desired ( )**

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

SULLIVAN, DOUGLAS E  
140 SOUTH ATLANTIC AVE STE 300  
ORMOND BEACH, FL 32176      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: ( ) Delete  
Name:  
Address:  
City-St-Zip:

**ADDITIONS/CHANGES:**

Title: MGMR ( ) Change (X) Addition  
Name: PEACH VALLEY RESTAUR, ANT GROUP  
Address: 140 S ATLANTIC AVE, SUITE 300  
City-St-Zip: ORMOND BEACH, FL 32176

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: DOUGLAS SULLIVAN

MGR

04/02/2009

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