

# **2011 LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# L08000034837

**FILED**  
**Apr 19, 2011**  
**Secretary of State**

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

**Current Principal Place of Business:**

5072 DR PHILLIPS BLVD  
ORLANDO, FL 32819

**New Principal Place of Business:**

**Current Mailing Address:**

780 W GRANADA BLVD  
SUITE 100  
ORMOND BEACH, FL 32174

**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:**

MCBRIDE, COLETTE J  
780 W GRANADA BLVD  
SUITE 100  
ORMOND BEACH, FL 32174 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:** MGMR  
**Name:** PEACH VALLEY RESTAURANT GROUP  
**Address:** 780 W GRANADA BLVD, SUITE 100  
**City-St-Zip:** ORMOND BEACH, FL 32174

**Title:** MGR  
**Name:** LEMERAND, GALE  
**Address:** 103B NORTH LAKE DRIVE  
**City-St-Zip:** ORMOND BEACH, FL 32174

**Title:** MGR  
**Name:** MCBRIDE, COLETTE J  
**Address:** 780 W GRANADA BLVD, SUITE 100  
**City-St-Zip:** ORMOND BEACH, FL 32174

I hereby 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:** COLETTE J MCBRIDE

MGR

04/19/2011

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