

# 2010 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L09000037057

FILED  
Jan 05, 2010  
Secretary of State

Entity Name: PEGS INVESTMENT GROUP, LLC

**Current Principal Place of Business:**

999 PONCE DE LEON BOULEVARD  
625  
CORAL GABLES, FL 33134 US

**New Principal Place of Business:**

**Current Mailing Address:**

999 PONCE DE LEON BOULEVARD  
625  
CORAL GABLES, FL 33134 US

**New Mailing Address:**

FEI Number: 26-4687059

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

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

APPELROUTH, STEWART  
999 PONCE DE LEON BOULEVARD  
625  
CORAL GABLES, FL 33134 US

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

APPELROUTH, STEWART L  
999 PONCE DE LEON BOULEVARD  
625  
CORAL GABLES, FL 33134 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: STEWART L. APPELROUTH

01/05/2010

Electronic Signature of Registered Agent

Date

**MANAGING MEMBERS/MANAGERS:**

Title: MGRM  
Name: MILLER, GORDON  
Address: 999 PONCE DE LEON BOULEVARD, SUITE 625  
City-St-Zip: CORAL GABLES, FL 33134

Title: MGR  
Name: HOLLANDER, PEGGY  
Address: 999 PONCE DE LEON BOULEVARD, SUITE 625  
City-St-Zip: CORAL GABLES, FL 33134

Title: MGR  
Name: FARR, EILEEN & NEAL  
Address: 999 PONCE DE LEON BOULEVARD, SUITE 625  
City-St-Zip: CORAL GABLES, FL 33134

Title: MGR  
Name: APPELROUTH, STEWART & GAIL  
Address: 999 PONCE DE LEON BOULEVARD, SUITE 625  
City-St-Zip: CORAL GABLES, FL 33134

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: GORDON R. MILLER

MGRM

01/05/2010

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