

**2002 UNIFORM BUSINESS REPORT (UBR)**

**FILED**  
**Jan 22, 2002 8:00 am**  
**Secretary of State**

01-22-2002 90098 041 \*\*\*\*50.00

0006196

**DOCUMENT # L94000000540**

1. Entity Name  
**PEG HOLDINGS, L.C.**

Principal Place of Business <b>1428 BRICKELL AVE SUITE 400          MIAMI FL 33131</b>	Mailing Address <b>1428 BRICKELL AVE SUITE 400          MIAMI FL 33131</b>
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DO NOT WRITE IN THIS SPACE

2. Principal Place of Business      3. Mailing Address

Suite, Apt. #, etc.      Suite, Apt. #, etc.

City & State      City & State

4. FEI Number **65-0542376**      Applied For  
 Not Applicable

Zip      Country      Zip      Country      5. Certificate of Status Desired  **\$5.00 Additional Fee Required**

6.-Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

**CUMMINGS, PAUL M  
 1428 BRICKELL AVE SUITE 400  
 MIAMI FL 33131**

Name  
 Street Address (P.O. Box Number is Not Acceptable)  
 City      **FL**      Zip Code

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.

SIGNATURE \_\_\_\_\_ DATE \_\_\_\_\_  
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

**FILE NOW!!! FEE IS \$50.00**  
**Make Check Payable to Department of State**  
**Due By May 1, 2002**

9. MANAGING MEMBERS/MANAGERS

10. ADDITIONS/CHANGES

9. MANAGING MEMBERS/MANAGERS		10. ADDITIONS/CHANGES	
TITLE	NAME	TITLE	NAME
<input type="checkbox"/> Delete	<b>MEM CUMMINGS, PAUL M 1428 BRICKELL AVE SUITE 400 MIAMI FL 33131</b>	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
<input type="checkbox"/> Delete	<b>MEM VOLSKY, GEORGE 1101 BRICKELL AVE SUITE 1400 MIAMI FL 33131</b>	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition	<b>VOLSKY, GEORGE Suntrust International Center, 28th Floor One Southeast Third Avenue Miami, FL 33131</b>
<input type="checkbox"/> Delete	<b>MEM JACOBS, ERIC 13594 SW 58TH AVE MIAMI FL 33156</b>	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
<input type="checkbox"/> Delete		<input type="checkbox"/> Change <input type="checkbox"/> Addition	
<input type="checkbox"/> Delete		<input type="checkbox"/> Change <input type="checkbox"/> Addition	
<input type="checkbox"/> Delete		<input type="checkbox"/> Change <input type="checkbox"/> Addition	

11. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), 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: *[Signature]*      **SIGNATURE REQUIRED**      1/9/02      305-371-7800  
Signature AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE      Date      Daytime Phone #

CR2E083 (9/01)