

2008 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# M06000002232

FILED
Feb 27, 2008
Secretary of State

Entity Name: PEACHSTATE PROFESSIONAL SERVICES, L.L.C.

Current Principal Place of Business:

3988 FLOWERS RD
670-A
ATLANTA, GA 30360

New Principal Place of Business:

Current Mailing Address:

3988 FLOWERS RD
670-A
ATLANTA, GA 30360

New Mailing Address:

FEI Number: 58-2644702 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired (X)

Name and Address of Current Registered Agent:

SCHOEN, ROBERT D
5161 US HWY 98 W
SANTA ROSA BEACH, FL 32459 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: MGR () Delete
Name: SULLIVAN, JERRY
Address: 3988 FLOWERS RD
City-St-Zip: ATLANTA, GA 30360

Title: MGRM () Delete
Name: TURNER, ROBERT
Address: 3988 FLOWERS RD
City-St-Zip: ATLANTA, GA 30360

Title: MGRM () Delete
Name: AMACHER, ZACHARY
Address: 3988 FLOWERS RD
City-St-Zip: ATLANTA, GA 30306

ADDITIONS/CHANGES:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

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: JERRY SULLIVAN

MGR

02/27/2008

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