## 2007 LIMITED LIABILITY COMPANY ANNUAL REPORT

## **DOCUMENT # L05000003784**

PECK ENTERPRISE, LLC

**FILED** Apr 10, 2007 08:00 A Secretary of State

Principal Place of Business

Mailing Address

**753 CATTLEMEN ROAD** SUITE 102 SARASOTA, FL 34232

**753 CATTLEMEN ROAD** SUITE 102 SARASOTA, FL 34232

01042007 No Chg-LLC

CR2E083 (11/05)

4. FEI Number **NOT APPLICABLE** 

Applied For Not Applicable

5. Certificate of Status Desired

\$5.00 Additional Fee Required

Daytime Phone #

## DO NOT WRITE IN THIS SPACE

6. Name and Address of Current Registered Agent

POWELL, LOU A **753 CATTLEMEN ROAD** SUITE 101 SARASOTA, FL 34232

## DO NOT WRITE IN THIS SPACE

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. I am familiar with, and accept the obligations of registered agent.			
SIGNATURE	Signature, typed or printed name of registered agent and title if applicable.	(NOTE, Registered Agent signature required when reinstating)	DATE
Filing Fee is \$50.00 Due by May 1, 2007			
9.	MANAGING MEMBERS/MANAGERS		<del>" "</del> "
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM POWELL, LOU A 753 CATTLEMEN ROAD, SUITE 101 SARASOTA, FL 34232		000000638512 04/19/07-80005-020 58.00
TITLE NAME STREET ADDRESS CITY-ST-ZIP			
TITLE NAME STREET ADDRESS CITY-ST-ZIP		DO	DO NOT WRITE IN THIS SPACE
TITLE NAME STREET ADDRESS CITY-ST-ZIP		IN	
TITLE NAME STREET ADDRESS CITY-ST-ZIP			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	. , , , ,		

11. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, 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 AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, OR AUTHORIZED REPRESENTATIVE