## 2007 LIMITED LIABILITY COMPANY ANNUAL REPORT (AR)

SIGNATURE:

NATURE AND TYPED OR PRINTED NAME OF S

## **FILED** Jan 29, 2007 08:00 AM Secretary of State DOCUMENT # L02000001582 1. Entity Name PCRK PROPERTIES, LC Frincipal Place of Business Mailing Address 6332 17TH ST CIR E 6332 17 TH ST CIR E SARASOTA FL 34243 SARASOTA FL 34243 2. Principal Place of Business - No P.O. Box # 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. 1st MOORE CR2E083 (10/06) City & State City & State 4. FEI Numbor Applied For 45-0465300 Not Applicate Zip Country 7in Country \$5.00 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent Name WICKMAN & WYCKOFF, P.A. Street Address (P.O. Box Number is Not Acceptable) 4909 MANATEE AVE. WEST **BRADENTON FL 34209** City 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. I am familiar with, and accept the obligations of registered agent SIGNATURE. Signature, typud or printed name of registered agent and title if applicable. (NOTE, Registered Agent signature required when reinstaling) DATE FILE NOW!!! FEE IS \$50.00 Make Check Payable to Florida Department of State Due By May 1, 2007 9. MANAGING MEMBERS/MANAGERS ADDITIONS/CHANGES 10. 11111 Addit. ☐ Delete HHE ☐ Change MGR NAM NAM KIRBY, PAUL D U000000608348 STREET ADDRESS STREET ADDRESS 7720 CASTLEISLAND DR 02/01/07-80005-024 50.00 CITY ST ZIP SARASOTA FL 34240 CITY SI 7IF 11111 Delete HHI ☐ Change Artistic NAM NAMI STREET ADDRESS STRUCTADORESS CITY ST ZIP OIY SI AF 11111 Delete HILL ☐ Change Automic Automic NAMI NAM STRUCT ADDRESS STREET ADDRESS CHY-SE 78 GRY ST ZE MILE ☐ Delete HILF ☐ Change 🔲 Дաննեն NAME MAME STREET ADDRESS STREET ADDRESS HATY ST ZIP CHY-S1-ZIP ☐ Defete Hitel mat ☐ Change Air Co NAME MALA SIDE LADDRESS SHIFFLADDRESS CHTY-ST ZIP CHY ST AP lilli. Delete 11111 Change Admin NAM NAM STREET ADDRESS STRUCT ADDRESS CITY ST-719 CHTY ST ZIP 11. I horeby certify that the information supplied with this filing does not qualify for the exemptions contained in Section 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.

MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE