ANNUAL REPORT

DOCUMENT # L04000001777

1. Entity Name PCES, LLC



FII Jan 31, 20 Secreta

Principal Place of Business

6001 TAYLOR ROAD NAPLES, FL 34109

Mailing Address

6632 STONEGATE DRIVE NAPLES, FL 34109



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	01182006 No Chg-LLC	CR2E083 (11/05)		
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4. FEI Number 20-0558857

Applied For Not Applicat

\$5.00 Additional

Deytime Phone #

			J. Connicate of Status	Desired [Fee Required
	6. Name and Address of Current Registered Agent		<u></u>		 _'
	MILIO J NEGATE DRIVE FL 34109		DO NOT WRITE IN THIS SPACE		
	e named entity submits this statement for the purpose of changing its registions of registered agent.	tered office or register	red agent, or both, in the S	itate of Flonda, I am	familiar with, and accep
SIGNATURE.	Signature, typed or primited name of registered agent and tille if applicable [NOTE, Regis	llated Agent signatura required	d when reinstating)	DATE	
F	iling Fee is \$50.00 lue by May 1, 2006				
9.	MANAGING MEMBERS/MANAGERS	<u> </u>			
TITLE	MGRM	1			
NAME	CROCKETT, PAMELA	1			
Street address	6001 TAYLOR ROAD				
GITY-ST-ZIP	NAPLES, FL 34109	<u>.</u> .			• • • • • • • • • • • • • • • • • • • •
TITLE	MGRM		110		
NAME	SADEZ, EMILIO J. AS TRUSTEE		ປປ ຄວ <i>າ</i> ຄວ	10000410368 3706-80034-0	02 50 00
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CITY-SI-ZIP	NAPLES, FL 34109				
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TITLE		_	IN THIS	SPACE	•
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 I hereby indicated limited lia 	certify that the information supplied with this filing does not qualify for the on this report is true and accurate and that my signature shall have the sbillify company or the receiver or trustee empowered to execute this repo	exemptions containe same legal effect as i at as required by Cha	d in Chapter 119, Florida f made under oath; that I apter 608, Florida Statutes	Statutes, I further cer am a managing men	tify that the information of the
	EMI	-10			59/
SIGNAT	TIPE & SA	0 F Z . 190	10 //	26/06	1112
SIGNAI	SIGNATURE AND TYPED ON PRINTED NAME OF JIGNING MANAGING MEMBER, OR AUTHO		Date		aytime Phone #
	SOUGHING THE OFFICE IN THE OFFICE OF STORING WAS ASSETTED BY ADMING				
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CITY-ST-ZIP					
DILE		1			}
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CITY-ST-ZIP		<u> </u>			Ĭ
11. I here	by certily that the information supplied with this filling does not qualify for the	xemptions contained in	n Chapter 119, Florida State	nes. I further cently th	at the Information
limited	by certify that the information supplied with this filling does not qualify for the election this report is true and another and that my signature shall have the sid liability company of the receipt of trustee empowered to execute this report	ime legal effect as if m as required by Chapte	ade under oath; that I am per 608, Florida Statutes.	a managing member o	r manager of the

Daniel C. Libera, Managins Member 1-30-06 904-786-4700

STOTATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, OR AUTHORIZED REPRESENTATIVE