


**2007 LIMITED LIABILITY COMPANY ANNUAL REPORT**

**FILED**  
**Jan 22, 2007 08:00 AM**  
**Secretary of State**

**DOCUMENT # L04000001777**

1. Entity Name  
 PCES, LLC



Principal Place of Business  
 6001 TAYLOR ROAD  
 NAPLES, FL 34109

Mailing Address  
 6632 STONEGATE DRIVE  
 NAPLES, FL 34109

**DO NOT WRITE IN THIS SPACE**



01192007No Chg-LLC CR2E083 (11/05)

4. FEI Number 20-0558857	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	<b>\$5.00</b> Additional Fee Required

6. Name and Address of Current Registered Agent

SADEZ, EMILIO J  
 6632 STONEGATE DRIVE  
 NAPLES, FL 34109

**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 r

SIGNATURE \_\_\_\_\_  
Sig. Title (if applicable) Registered Agent signature required when reinstating DATE

**Filing Fee is \$50.00  
 Due by May 1, 2007**

000000596042  
 01/23/07-80064-009 50.00

9. MANAGING MEMBERS/MANAGERS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM CROCKETT, PAMELA 6001 TAYLOR ROAD NAPLES, FL 34109
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM SADEZ, EMILIO J. AS TRUSTEE 6632 STONEGATE DRIVE NAPLES, FL 34109
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TITLE NAME STREET ADDRESS CITY-ST-ZIP	

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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:** *Emilio J. Sadez*      1/19/07      239 5911118

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, OR AUTHORIZED REPRESENTATIVE      Date      Daytime Phone #