


2008 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Jan 28, 2008 8:00 am
Secretary of State

01-28-2008 90068 028 ***138.75

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
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60004147



DO NOT WRITE IN THIS SPACE

01192008 No Chg-LLC CR2E083 (12/07)

4. FEI Number 20-0558857	Applied For Not Applicable
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5. Certificate of Status Desired **\$5.00** 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 registered agent.

SIGNATURE:  11/18/08

Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating.) DATE

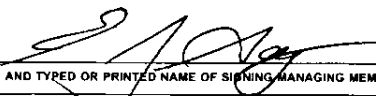
FILE NOW!!! FEE IS \$138.75
After May 1, 2008 Fee will be \$538.75

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	

DO NOT WRITE IN THIS SPACE

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:  11/18/08 239591114

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