


**2006 LIMITED LIABILITY COMPANY ANNUAL REPORT (AR)**

**FILED**  
**Mar 28, 2006 8:00 am**  
**Secretary of State**

03-28-2006 90013 027 \*\*\*\*50.00

**DOCUMENT # L05000111827**  
 1. Entity Name  
**P M BUILDERS, LLC**



Principal Place of Business: **1129 GYPSY HILL ROAD Gwynedd Valley PA 19437**  
 Mailing Address: **1129 GYPSY HILL ROAD Gwynedd Valley PA 19437**



2. Principal Place of Business: Suite, Apt. #, etc.  
 3. Mailing Address: Suite, Apt. #, etc.  
 City & State  
 Zip Country

1st MOORE CR2E083 (10/05)

6. Name and Address of Current Registered Agent  
**BALOCCO, JOSEPH M ESQ**  
**1323 SE 3 AVENUE**  
**FORT LAUDERDALE FL 33316**

4. FEI Number: **20-3841261**  
 Applied For / Not Applicable  
 5. Certificate of Status Desired  **\$5.00 Additional Fee Required**

7. Name and Address of New Registered Agent  
 Name  
 Street Address (P.O. Box Number is Not Acceptable)  
 City **FL** 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 \_\_\_\_\_ DATE \_\_\_\_\_  
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reconstituting)

**FILE NOW!!! FEE IS \$50.00**  
**Make Check Payable to Florida Department of State.**  
**Due By May 1, 2006**

9. MANAGING MEMBERS/MANAGERS

TITLE	<b>MGRM</b>	<input type="checkbox"/> Delete
NAME	<b>BENEDICT, PETER</b>	
STREET ADDRESS	<b>1129 GYPSY HILL ROAD</b>	
CITY-ST-ZIP	<b>GWYNEDD VALLEY PA 19437</b>	
TITLE	<b>MGRM</b>	<input type="checkbox"/> Delete
NAME	<b>BENEDICT, MARY</b>	
STREET ADDRESS	<b>1129 GYPSY HILL ROAD</b>	
CITY-ST-ZIP	<b>GWYNEDD VALLEY PA 19437</b>	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

10. ADDITIONS/CHANGES

TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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 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.

SIGNATURE:  DATE: **3/21/06** DAYTIME PHONE #: **610-633-5514**

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