


**2008 LIMITED LIABILITY COMPANY ANNUAL REPORT**

**FILED**  
**Jan 29, 2008 8:00 am**  
**Secretary of State**

01-29-2008 90064 017 \*\*\*138.75

DOCUMENT # L06000038292	
1. Entity Name PCBP, LLC	

Principal Place of Business 11555 CENTRAL PARKWAY SUITE 1104 JACKSONVILLE, FL 32224	Mailing Address P O BOX 3153 PONTE VEDRA BEACH, FL 32004
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60004634



01102008 No Chg-LLC CR2E083 (12/07)

**DO NOT WRITE IN THIS SPACE**

4. FEI Number 27-0141875	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	<b>\$5.00</b> Additional Fee Required

<b>6. Name and Address of Current Registered Agent</b>	
O'CONNOR, MARK E 11555 CENTRAL PARKWAY SUITE 1104 JACKSONVILLE, FL 32224	

**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.

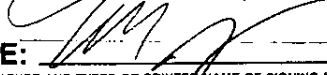
SIGNATURE \_\_\_\_\_ (NOTE: Registered Agent signature required when reinstating) DATE \_\_\_\_\_

**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 O'CONNOR, MARK E 11555 CENTRAL PARKWAY, SUITE 1104 JACKSONVILLE, FL 32224
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM HALL, PIKE III 11555 CENTRAL PARKWAY, SUITE 1104 JACKSONVILLE, FL 32224
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**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:**  MARK E. O'CONNOR Date: 1-10-08 Daytime Phone #: 904 998 9700

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