

**2014 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# L06000057890

**Entity Name:** PCP II PALM CITY, L.L.C.

**Current Principal Place of Business:**

7534 SW JACK JAMES DR  
STUART, FL 34997

**Current Mailing Address:**

214 SW PALM COVE DR  
PALM CITY, FL 34990 US

**FEI Number:** NOT APPLICABLE

**Certificate of Status Desired:** No

**Name and Address of Current Registered Agent:**

PCP 11PALM CITY  
214 SW PALM COVE DR  
PALM CITY, FL 34990 US

*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.*

**SIGNATURE:**

Electronic Signature of Registered Agent

Date

**Authorized Person(s) Detail :**

|                 |                             |                 |                          |
|-----------------|-----------------------------|-----------------|--------------------------|
| Title           | MGR                         | Title           | MGR                      |
| Name            | PATEL, PRASHANT             | Name            | PATEL, DEVANG            |
| Address         | P.O.BOX 1578                | Address         | 1001 SE OCEAN BLVD # 103 |
| City-State-Zip: | PALM CITY FL 34991          | City-State-Zip: | STUART FL 34996          |
|                 |                             |                 |                          |
| Title           | MGR                         |                 |                          |
| Name            | CHARNVITAYAPONG, KASEM      |                 |                          |
| Address         | 4674 SW HAMMOCK CREEK DRIVE |                 |                          |
| City-State-Zip: | PALM CITY FL 34990          |                 |                          |

*I hereby certify that the information indicated on this report or supplemental report is true and accurate and that my electronic 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 605, Florida Statutes; and that my name appears above, or on an attachment with all other like empowered.*

**SIGNATURE:** PRASHANT PATEL

**MEMBER**

**03/14/2014**

Electronic Signature of Signing Authorized Person(s) Detail

Date