2005 LIMITED LIABILITY COMPANY ANNUAL REPORT

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DOCUMENT # L0000000530

1. Entity Name PCS, L.L.C.

Principal Place of Business

AO O DIVERDOLE ME

240 S. PINEAPPLE AVE. STE 702

SARASOTA, FL 34236

Mailing Address

240 S. PINEAPPLE AVE.

STE 702

SARASOTA, FL 34236

FILED May 06, 2005 8:00 am Secretary of State

05-06-2005 90030 002 ****50.00

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01212005 No Chg-LLC

CR2E083 (10/03)

4. FEI Number. 65-0981093 Applied For Not Applicable

5. Certificate of Status Desired

\$5.00 Additional Fee Required

6. Name and Address of Current Registered Agent

SABA, WILLIAM A 240 S. PINEAPPLE AVE. STE 702 SARASOTA, FL 34236

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the obligations of registered agent.			
SIGNATU	JRE		
	Signature, typed or printed name of registered agent and title if applicable.	(NOTE: Registered Agent signature required when reinstating)	DATE
	Filing Fee is \$50.00 Due by May 1, 2005		
9.	MANAGING MEMBERS/MANAGERS	· · · · · · · · · · · · · · · · · · ·	

MGRM TITLE NAME SABA, WILLIAM A STREET ADDRESS 240 S. PINEAPPLE AVE. STE 702 SARASOTA, FL 34236 CITY-ST-7IP MILE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP THIE 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 exemption stated in Section 119.07(3)(i), 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: WILLIAMUA SSO

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

(941) 365-9400

Daytime Pho