


**2007 LIMITED LIABILITY COMPANY  
ANNUAL REPORT**

**FILED**  
**Apr 24, 2007 08:00 AM**  
**Secretary of State**

<b>DOCUMENT # L00000000530</b> 1. Entity Name PCS, L.L.C.	
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Principal Place of Business 240 S. PINEAPPLE AVE. STE 702 SARASOTA, FL 34236	Mailing Address 240 S. PINEAPPLE AVE. STE 702 SARASOTA, FL 34236
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**DO NOT WRITE IN THIS SPACE**



01232007 No Chg-LLC

CR2E083 (11/05)

4. FEI Number 65-0981093	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	<b>\$5.00</b> Additional Fee Required

6. Name and Address of Current Registered Agent

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

**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 \_\_\_\_\_

**Filing Fee is \$50.00  
Due by May 1, 2007**

9. MANAGING MEMBERS/MANAGERS	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	MGRM SABA, WILLIAM A 240 S. PINEAPPLE AVE. STE 702 SARASOTA, FL 34236
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05/07/07-80010-009 50.00

**DO NOT WRITE  
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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:** William A Saba William A. Saba,  
Managing Member 4/4/07 (941) 365-9400  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, OR AUTHORIZED REPRESENTATIVE Date Daytime Phone #