## 2008 LIMITED LIABILITY COMPANY ANNUAL REPORT

DO NOT WRITE IN THIS SPACE

## **DOCUMENT # L00000001904**

1. Entity Name

THE PCS MANAGEMENT GROUP LLC



FILED Feb 04, 2008 08:00 AN Secretary of State

Principal Place of Business

2506 BAYSHORE DRIVE BELLEAIR BEACH, FL 33786 Mailing Address

2506 BAYSHORE DRIVE BELLEAIR BEACH, FL 33786



01032008No Chg-LLC

CR2E083 (12/07)

4. FEI Number 59-3632236

Applied For Not Applicable

5. Certificate of Status Desired

\$5.00 Additional Fee Required

6. Name and Address of Current Registered Agent

BENDER, PHILIP 2506 BAYSHORE DR. BELLEAIR, FL 33706

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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_	Signature, typed or printed name of registered agent and title if applicable.	(NOTE: Registered Agent signature required when reinstating)	DATE
FILE NOWIII FEE IS \$138.75 After May 1, 2008 Fee will be \$538.75			
9.	MANAGING MEMBERS/MANAGERS		
TITLE NAME STREET ADDRESS CHY-ST-ZIP	PTNR BENDER, PHILIP 2506 BAYSHORE DR. BELLEAIR BEACH, FL 33706		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PTNR BENDER, CAROLEE 2506 BAYSHORE DRIVE BELLEAIR BEACH, FL 33706	0a	000000814575 2/13/08-80049-023 138.75
TITLE NAME STREET ADDRESS CITY-ST-ZIP		DO NO	OT WRITE
TITLE NAME STREET ADDRESS CITY-ST-ZIP		IN TH	IS SPACE
TITLE NAME STREET ADDRESS CITY-ST-ZIP		·	
TITLE NAME STREET ADDRESS CITY-ST-ZEP	•		
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 exemptions or trustee empowered to execute this report as required by Chapter 608, Florida Statutes.			