


**2005 LIMITED LIABILITY COMPANY
ANNUAL REPORT**

FILED
Jan 21, 2005 08:00 AM
Secretary of State

| | |
|---|---|
| DOCUMENT # L01000005659 1. Entity Name P M I, LLC |  |
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|--|--|
| Principal Place of Business 4178 APALACHEE PKWY TALLAHASSEE, FL 32311 | Mailing Address 4178 APALACHEE PKWY TALLAHASSEE, FL 32311 |
|--|--|

DO NOT WRITE IN THIS SPACE



01052005No Chg-LLC

CR2E083 (10/03)

| | |
|--|---------------------------------------|
| 4. FEI Number 45-0472438 | Applied For Not Applicable |
| 5. Certificate of Status Desired <input type="checkbox"/> | \$5.00 Additional Fee Required |

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| 6. Name and Address of Current Registered Agent PETRANDIS, JOHNNY II 4178 APALACHEE PKWY TALLAHASSEE, FL 32311 |
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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 _____ <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)</small> | DATE _____ |
|---|-------------------|

**Filing Fee is \$50.00
Due by May 1, 2005**

| 9. MANAGING MEMBERS/MANAGERS | |
|--|--|
| TITLE NAME STREET ADDRESS CITY - ST - ZIP | MGRM PETRANDIS, JOHNNY II 4178 APALACHEE PKWY TALLAHASSEE, FL 32311 |
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100000189273
01/24/05-80089-008 50.00

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IN THIS SPACE**

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: _____ <small>SIGNATURE AND TYPE OR PRINTED NAME OF SIGNING MANAGING MEMBER, OR AUTHORIZED REPRESENTATIVE</small> | Date _____ | Daytime Phone # _____ |
|---|-------------------|------------------------------|