2006 LIMITED LIABILITY COMPANY

THEF NAME STREET ADDRESS CITY-ST-ZIP

NAME STREET ADDRESS City-ST-ZiP

Jan 25, 2006 08:00 AM **ANNUAL REPORT Secretary of State DOCUMENT # L01000019888** 1. Entity Name PCA, LLC Mailing Address Principal Place of Business 240 S. PINEAPPLE AVENUE 240 S. PINEAPPLE AVENUE SUITE 702 SUITE 702 SARASOTA, FL 34236 SARASOTA, FL 34236 US 01112006 No Chg-LLC CR2E083 (11/05) DO NOT WRITE IN THIS SPACE Applied For 4. FEI Number 65-1157342 Not Applicable \$5.00 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent SABA, WILLIAM A DO NOT WRITE 240 S. PINEAPPLE AVENUE IN THIS SPACE **SUITE 702** SARASOTA, FL 34236 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 re-natating) DATE Filing Fee is \$50.00 Due by May 1, 2006 8. MANAGING MEMBERS/MANAGERS TITLE SABA, WILLIAM A 240 S. PINEAPPLE AVE. STE, 702 STREET ADDRESS SARASOTA, FL 342366724 CITY-ST-ZIP TITLE STREET ADDRESS City-\$7-ZIP NAME STREET ADDRESS DO NOT WRITE CITY-ST-ZIP IN THIS SPACE NAME STREET ADDRESS CiTY-ST-ZIP

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11. I hereby certify that the information supplied with this filling 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 603, Florida Statutes.