## **2003 LIMITED LIABILITY COMPANY**

2003 LIMITED LIABILITY COMPANY UNIFORM BUSINESS REPORT (UBR)					FILED May 01, 2003 8:00 am Secretary of State		
DOCUMENT # L02000013033					Secretary 05-01-2003 9027		
PWC ACC	OUISITION, LLC						
Principal Plac	e of Business	Mailing Address	<del></del> _				
		2401 PGA BLVD STE. 280 PALM BEACH GARDENS FL :	2401 PGA BLVD STE. 280 PALM BEACH GARDENS FL 33410		I NOOMAN AN AAND INDI OON AAND AAN	NIOS HIODO NUSKI ODNOT KINDO 1440 1550 K	
2. Principal Place of Business 3950 RCA Blvd		3. Mailing Address 3950 RCA Blvd					
Suite, Apt. #, etc.		Suite, Apt. #, etc.			CHECK HERE IF MAKING CHANGES		
City & State	beach Gardens TC	Palm Beach	Gardens	PC	4. FEI Number	Applied For Not Applicable	
Zip 334	40 Country USA	33410	Country		5. Certificate of Status Desired	\$5.00 Additional Fee Required	
6. Name and Address of Current Registered Agent				7. Name and Address of New Registered Agent Name			
Gary, John W III Gary, Dytrych & Ryan, P.A.			Street Address (P.O. Box Number is Not Acceptable)				
701 U.S. HWY. ONE, STE. 402 N. Palm Beach FL 33408							
			City FL Zip Code				
	named entity submits this statement for ions of registered agent.	the purpose of changing its re	egistered office or	registered	agent, or both, in the State of Florida. I	am familiar with, and accept	
SIGNATURE -	Signature, typed or printed name of registered agent at	nd title if applicable. (NOTE: F	Registered Agent signatu	re required wh	en reinstating) D	ATE	
		Make Check Payable	W!!! FEE IS \$! to Florida Dep By May 1, 2003	artment	of State		
9.	MANAGING MEMBER	<del></del>	10.		ADDITIONS/CHAN		
NAME STREET ADDRESS CITY-ST-ZIP	MGRM BILLS, JOHN C 2401 PGA BLVD., STE. 280 PALM BEACH GARDENS FL 334	□ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	mari Bills 3950	, John C. CA Blvd #500 n Beach Gardens	Zenange □ Addition □	
TITLE NAME STREET ADDRESS	MGRM BABB, WAYNE H 2401 PGA BLVD., STE. 280	☐ Delete	TITLE NAME STREET ADDRESS	Babl 3950	q Wayne H. MBED D RCA Blvd #500	0	
CITY-ST-ZIP	PALM BEACH GARDENS FL 334	· · · · · · · · · · · · · · · · · · ·	CITY-ST-ZIP	Paln	n Beach Garden		
NAME STREET ADDRESS CITY-ST-ZIP		☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	_		☐ Change ☐ Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP			☐ Change ☐ Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP			☐ Change ☐ Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP			☐ Change ☐ Addition	
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 employered to execute this report as required by Chapter 608, Florida Statutes.  SIGNATURE:  SIGNATURE:							
SIGNATURE: SIGNATURE AND TYPED OF PRINTED NAME OF SYSNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE Date Daytime Phone #							