

# 2005 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L02000015332

Entity Name: PFT ASSOCIATES, LLC

FILED  
Apr 14, 2005  
Secretary of State

## Current Principal Place of Business:

6700 N. ANDREWS AVENUE, SUITE 102  
FORT LAUDERDALE, FL 33309

## New Principal Place of Business:

6555 NW 9TH AVENUE  
107  
FORT LAUDERDALE, FL 33309

## Current Mailing Address:

6700 N. ANDREWS AVENUE, SUITE 102  
FORT LAUDERDALE, FL 33309

## New Mailing Address:

6555 NW 9TH AVENUE  
107  
FORT LAUDERDALE, FL 33309

FEI Number: 27-0017445

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

## Name and Address of Current Registered Agent:

TALCOTT, LELAND  
6700 N. ANDREWS AVENUE, SUITE 102  
FORT LAUDERDALE, FL 33309 US

## Name and Address of New Registered Agent:

TALCOTT, LELAND  
6555 NW 9TH AVENUE  
107  
FORT LAUDERDALE, FL 33309 US

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.

SIGNATURE: LELAND TALCOTT

04/14/2005

Electronic Signature of Registered Agent

Date

## MANAGING MEMBERS/MEMBERS:

Title: MGR ( ) Delete  
Name: TALCOTT, LELAND H  
Address: 6700 N. ANDREWS AVENUE, SUITE 102  
City-St-Zip: FORT LAUDERDALE, FL 33309

## ADDITIONS/CHANGES:

Title: MGR (X) Change ( ) Addition  
Name: TALCOTT, LELAND H  
Address: 6555 NW 9TH AVENUE, SUITE 107  
City-St-Zip: FORT LAUDERDALE, FL 33309

I hereby certify that the information supplied with this filing does not qualify for the 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 electronic 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: LELAND TALCOTT

MGR

04/14/2005

Electronic Signature of Signing Managing Member, Manager, or Authorized Representative / Date