

2008 LIMITED LIABILITY COMPANY AMENDED ANNUAL REPORT

**FILED
May 07, 2008
Secretary of State**

DOCUMENT# L02000020098

Entity Name: P C PROPERTIES OF AMERICA, LLC

Current Principal Place of Business:

1033 CEDAR FALLS DRIVE
WESTON, FL 33327

New Principal Place of Business:

Current Mailing Address:

1033 CEDAR FALLS DRIVE
WESTON, FL 33327

New Mailing Address:

FEI Number: 51-0421062 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired ()

Name and Address of Current Registered Agent:

THERATHANAKORN, WICHAI
1033 CEDAR FALLS DRIVE
WESTON, FL 33327 US

Name and Address of New Registered Agent:

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:

Electronic Signature of Registered Agent

Date

MANAGING MEMBERS/MANAGERS:

Title: MGR () Delete
Name: THERATHANAKORN, WICHAI
Address: 1033 CEDAR FALLS DR.
City-St-Zip: WESTON, FL 33327

Title: MGRM () Delete
Name: COMPOONICH, PRANEE
Address: 106 N. LAKESIDE DR.
City-St-Zip: KENNESAW, GA 30144

Title: () Delete
Name:
Address:
City-St-Zip:

ADDITIONS/CHANGES:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: MGRM (X) Change () Addition
Name: CHOMPOONICH, PRANEE
Address: 106 N. LAKESIDE DR.
City-St-Zip: KENNESAW, GA 30144

Title: MGRM () Change (X) Addition
Name: CHOMPOONICH, EDDY
Address: 11803 NW 13 STREET
City-St-Zip: PEMBROKE PINES, FL 33026

I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Chapter 119, 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: WICHAI THERATHANAKORN

MGR

05/07/2008

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