2005 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Jul 11, 2005 08:00 AM
Secretary of State

DOCUMENT # L02000025041

1. Entity Name
PCA GROUP, LLC

Principal Place of Business	Mailing Address
6161 BLUE LAGOON DR SUITE 100 MIAMI, FL 33126	6161 BLUE LAGOON DR SUITE 100 MIAMI, FL 33126

DO NOT WRITE IN THIS SPACE

07072005No Chg-LLC CR2E083 (10/03)

4. FEI Number
54-2081175

☐ Applied For
☐ Not Applicable

5. Certificate of Status Desired ☐ **$5.00** Additional Fee Required

6. Name and Address of Current Registered Agent

KILISSANLY, PETER E
6161 BLUELAGOON DRIVE
STE 100
MIAMI, FL 33126

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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 _____ DATE
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

Filing Fee is $50.00
Due by September 7, 2005

U00000372243
07/11/05-80024-014 50.00

9. MANAGING MEMBERS/MANAGERS

TITLE	MGRM
NAME	KILISSANLY, PETER E
STREET ADDRESS	4305 LAKE RD
CITY-ST-ZIP	MIAMI, FL 33137
TITLE	MGR
NAME	RODRIGUEZ, ALDO
STREET ADDRESS	1830 W. OAK KNOLL CIRCLE
CITY-ST-ZIP	FORT LAUDERDALE, FL 33324
TITLE	MGR
NAME	MENEDEZ, JOSE
STREET ADDRESS	701 CORONADO AVE
CITY-ST-ZIP	MIAMI, FL 33143
TITLE	MGR
NAME	SANTANA, ROBERT
STREET ADDRESS	15071 SW 154 TERRACE
CITY-ST-ZIP	MIAMI, FL 33187
TITLE	MGR
NAME	FONT, ODALYS
STREET ADDRESS	19541 SW 39TH CT
CITY-ST-ZIP	MIRAMAR, FL 33029
TITLE	MGR
NAME	SPENCER, BEVERLY
STREET ADDRESS	PO BOX 162739
CITY-ST-ZIP	MIAMI, FL 33116

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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: [signature] Aldo Rodriguez 7-6-05 305-420-4100
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, OR AUTHORIZED REPRESENTATIVE — Date — Daytime Phone #