


**2008 LIMITED LIABILITY COMPANY
ANNUAL REPORT (AR) - DUE BY MAY 1, 2008**

FILED
Feb 22, 2008 8:00 am
Secretary of State

02-22-2008 90042 023 ***138.75

DOCUMENT # L02000025136	
1. Entity Name PCI, LLC <i>C/o Philip C Iglehart</i>	

Principal Place of Business 350 ROYAL PALM WAY, SUITE 409 PALM BEACH FL 33480 <i>C/o Philip C Iglehart</i>	Mailing Address % WADE R. BYRD, ESQUIRE 350 ROYAL PALM WAY, SUITE 409 PALM BEACH FL 33480 <i>C/o Philip C Iglehart</i>
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2. Principal Place of Business - No P.O. Box # <i>3565 Butler Road</i>	3. Mailing Address <i>3565 Butler Road</i>
Suite, Apt. #, etc.	Suite, Apt. #, etc.

City & State <i>Glyndon, Maryland</i>	City & State <i>Glyndon, Maryland</i>
Zip <i>21071</i>	Zip <i>21071</i>
Country <i>USA</i>	Country <i>USA</i>

4. FEI Number 04-3733440	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$5.00 Additional Fee Required

6. Name and Address of Current Registered Agent BYRD, WADE R ESQUIRE WADE R. BYRD, P.A. 350 ROYAL PALM WAY, SUITE 409 PALM BEACH FL 33480	
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7. Name and Address of New Registered Agent	
Name	
Street Address (P.O. Box Number is Not Acceptable)	
City	FL Zip Code

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 _____ (NOTE: Registered Agent's signature required when renewing) DATE _____

FILE NOW!!! FEE IS \$138.75
After May 1, 2008, Fee Will Be \$538.75
Make Check Payable to Florida Department of State

9. MANAGING MEMBERS/MANAGERS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGR. IGLEHART, PHILIP C 350 ROYAL PALM WAY, SUITE 409 PALM BEACH FL 33480 <input checked="" type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<i>MGR Iglehart, Philip C 3565 Butler Road Glyndon Maryland 21071</i> <input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete

10. ADDITIONS/CHANGES	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition

11. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Section 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 608, Florida Statutes.

SIGNATURE: *Philip C Iglehart* *Philip C. Iglehart* 2/11/08 410-347-7566
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE Date Digital Phone #