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May 17, 2004 8:00 am
Secretary of State
04-30-2004 90078 032 ****50.00

2004 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT # L02000025836

1. Entity Name
PR-PCI, LC

Principal Place of Business
666 S. MILITARY TRAIL
DEERFIELD BEACH, FL 33442

Mailing Address
666 S. MILITARY TRAIL
DEERFIELD BEACH, FL 33442

[redacted]

04152004No Chg-LLC CR2E083 (10/03)

DO NOT WRITE IN THIS SPACE

4. FEI Number 16-1632677 — Applied For / Not Applicable

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

8. Name and Address of Current Registered Agent

PORTEN, SCOTT B
666 S. MILITARY TRAIL
DEERFIELD BEACH, FL 33442

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

Filing Fee is $50.00
Due by May 1, 2004

9. MANAGING MEMBERS/MANAGERS

TITLE	MGRM
NAME	PORTEN, SCOTT
STREET ADDRESS	666 S MILITARY TRAIL
CITY-ST-ZIP	DEERFIELD BEACH, FL 33442
TITLE	VP
NAME	COREN, GEORGE
STREET ADDRESS	666 S MILITARY TRAIL
CITY-ST-ZIP	DEERFIELD BEACH, FL 33442
TITLE	MGR
NAME	Stephan Porten
STREET ADDRESS	666 S. Military Trail
CITY-ST-ZIP	Deerfield Bch, FL 33442
TITLE	MGR
NAME	Nanci Porten
STREET ADDRESS	666 S. Military Trail
CITY-ST-ZIP	Deerfield Bch, FL 33442
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

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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: George Coren VP 4/26/04 954-422-1883
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER OR AUTHORIZED REPRESENTATIVE Date Daytime Phone #
George Coren VP