2006 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT # L02000025836

1. Entity Name
PR-PCI, LC

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

DO NOT WRITE IN THIS SPACE

02092006 No Chg-LLC   CR2E083 (11/05)

4. FEI Number		Applied For
16-1632677		Not Applicable

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

6. Name and Address of Current Registered Agent

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

DO NOT WRITE IN THIS SPACE

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, 2006

9.   MANAGING MEMBERS / MANAGERS

TITLE	MGRM
NAME	PORTEN HOLDINGS, INC.
STREET ADDRESS	% SCOTT PORTEN/666 S. MILITARY TRAIL
CITY-ST-ZIP	DEERFIELD BEACH, FL 33442

TITLE	MGR
NAME	Scott Porten
STREET ADDRESS	666 S. military Trail
CITY-ST-ZIP	Deerfield Beach, Fl 33442

✓ Add.

TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

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TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

DO NOT WRITE IN THIS SPACE

11. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 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: _George Flore V.P._____ 2/15/06   954 422 1883

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, OR AUTHORIZED REPRESENTATIVE   Date   Daytime Phone #