

# 2008 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L02000025836

Entity Name: PR-PCI, LC

FILED  
Apr 18, 2008  
Secretary of State

**Current Principal Place of Business:**

333 NE 2ND ST  
DELRAY BEACH, FL 33483

**New Principal Place of Business:**

**Current Mailing Address:**

333 NE 2ND ST  
DELRAY BEACH, FL 33483

**New Mailing Address:**

FEI Number: 16-1632677

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

**Name and Address of Current Registered Agent:**

COREN, GEORGE  
333 NE 2ND ST  
DELRAY BEACH, FL 33483 US

**Name and Address of New Registered Agent:**

SMITH, LENNIE F  
333 NE 2ND ST  
DELRAY BEACH, FL 33483 US

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: LENNIE F. SMITH

04/18/2008

Electronic Signature of Registered Agent

Date

**MANAGING MEMBERS/MANAGERS:**

Title: MGRM ( ) Delete  
Name: PORTEN HOLDINGS, INC, .  
Address: 333 NE 2ND ST  
City-St-Zip: DEERFIELD BEACH, FL 33442

Title: MGR ( ) Delete  
Name: PORT, SCOTT  
Address: 333 NE 2ND ST  
City-St-Zip: DEERFIELD BEACH, FL 33442

**ADDITIONS/CHANGES:**

Title: MGRM (X) Change ( ) Addition  
Name: PORTEN HOLDINGS, INC, .  
Address: 333 NE 2ND ST  
City-St-Zip: DELRAY BEACH, FL 33442

Title: MGR (X) Change ( ) Addition  
Name: PORT, SCOTT  
Address: 333 NE 2ND ST  
City-St-Zip: DELRAY BEACH, FL 33442

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: SCOTT PORT

MGR

04/18/2008

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