2007 LIMITED LIABILITY COMPANY ANNUAL REPORT

Feb 02, 2007 08:00 AM **DOCUMENT # L02000034501 Secretary of State** 1. Entity Name P. J. C. OF CENTRAL FL., L.L.C. Principal Place of Business Mailing Address 5350 US HIGHWAY 441 SE 8495 SW WESTWOOD LN **OKEECHOBEE, FL 34974-2393** STUART, FL 34997 CR2E083 (11/05) 01082007 No Chg-LLC DECEMBER OF THE REAL PROPERTY. 4. FEI Number Applied For 01-0759980 Not Applicable \$5.00 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent OBERLEY, JERRY E 200 MAN 1997 TE 8495 SW WESTWOOD LN OKEECHOBEE, FL 34997 RETURNS COMOR 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, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent aignature required when reinstating) U00000619060 02/08/07-80051-016 50.00 Filing Fee is \$50.00 Due by May 1, 2007 MANAGING MEMBERS/MANAGERS 9. MGR TILE **OBERLEY, JERRY E** 8495 SW WESTWOOD LN STREET ADDRESS CITY-ST-ZIP STUART, FL 34997 TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CTTY-ST-ZIP HAT THIS CONTRACTOR TITLE NAME STREET ADORESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS

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:

FILED

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