

2005 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT # L03000019499

1. Entity Name
PMCFI GEORGIA, LLC



FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS

05 APR 28 AM 10:59

Principal Place of Business
501 N. MAGNOLIA AVENUE
100
ORLANDO, FL 32801

Mailing Address
501 N. MAGNOLIA AVENUE
100
ORLANDO, FL 32801



2. Principal Place of Business

3. Mailing Address
1665 Palm Beach Lakes Blvd

Suite, Apt. #, etc.

Suite, Apt. #, etc.

400

02182005 Chg-LLC CR2E083 (10/03)

City & State

City & State
West Palm Beach, FL

4. FEI Number
~~XXXXXX~~

Applied For
☒ Not Applicable

Zip

Country

Zip

33401

Country

US

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

6. Name and Address of Current Registered Agent

VOGT, LOUIS E
501 N. MAGNOLIA AVENUE
100
ORLANDO, FL 32801

7. Name and Address of New Registered Agent

Name
Jill M. Lager
Street Address (P.O. Box Number is Not Acceptable)
1665 Palm Beach Lakes Blvd, Ste. 400
City
West Palm Beach FL Zip Code
33401

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 reissuing)

DATE

Filing Fee is \$50.00
Due by May 1, 2005

Make check payable to
Florida Department of State

9. MANAGING MEMBERS/MANAGERS

10. ADDITIONS/CHANGES

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
MGR
VOGT, LOUIS
501 N. MAGNOLIA AVENUE
ORLANDO, FO 32801 ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Delete

TITLE
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STREET ADDRESS
CITY-ST-ZIP ☐ Change ☐ Addition

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STREET ADDRESS
CITY-ST-ZIP ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Change ☐ Addition

4/28/05

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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE

Louis E. Vogt, Manager 2/18/05 407-898-7808

Date

Daytime Phone #