

# 2006 LIMITED LIABILITY COMPANY ANNUAL REPORT

**FILED**  
**Jan 26, 2006 8:00 am**  
**Secretary of State**

01-26-2006 90067 023 \*\*\*\*50.00

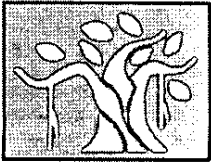
**20002878**



<b>DOCUMENT # L03000019499</b> 1. Entity Name <b>PMCFI GEORGIA, LLC</b>					
Principal Place of Business <b>501 N. MAGNOLIA AVENUE 100 ORLANDO, FL 32801</b>			Mailing Address <b>1665 PALM BEACH LAKES BLVD., #400 WEST PALM BEACH, FL 33401</b>		
2. Principal Place of Business  Suite, Apt. #, etc.			3. Mailing Address  Suite, Apt. #, etc.		
City & State			City & State		
Zip		Country		Zip	
Country		Country		01162006    Chg-LLC    CR2E083 (11/05)	
4. FEI Number <b>NOT APPLICABLE</b>				Applied For <input type="checkbox"/> Not Applicable	
5. Certificate of Status Desired <input type="checkbox"/>				<b>\$5.00</b> Additional Fee Required	
<b>6. Name and Address of Current Registered Agent</b>  <b>LAGER, JILL M 1665 PALM BEACH LAKES BLVD., SUITE 400 WEST PALM BEACH, FL 33401</b>				<b>7. Name and Address of New Registered Agent</b> Name Street Address (P.O. Box Number is Not Acceptable) City	
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.				FL    Zip Code	
SIGNATURE _____ <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE</small>					
<b>Filing Fee is \$50.00 Due by May 1, 2006</b>		<b>Make check payable to Florida Department of State</b>			
<b>9. MANAGING MEMBERS / MANAGERS</b>			<b>10. ADDITIONS / CHANGES</b>		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>MGR VOGT, LOUIS 501 N. MAGNOLIA AVENUE ORLANDO, FO 32801</b> <input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
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TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
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.					
<b>SIGNATURE:</b> <i>Louis E. Vagt</i> <b>LOUIS E. VAGT, MGR</b> 1/20/2006    407-898-7808					
<small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE    Date    Daytime Phone #</small>					

ATTACHMENT

20002878



BANYAN  
REALTY  
MANAGEMENT, LLC

Via Federal Express

January 23, 2006

Florida Department of State  
Division of Corporations  
2670 Executive Center Circle  
Suite 100  
Tallahassee, FL 32301  
Phone #850-245-6051

Re: **PMCFI GEORGIA, LLC**  
**DOCUMENT #L03000019499**

To Whom it May Concern:

Enclosed please find the 2006 Limited Liability Company Annual Report for the above captioned company along with check #1814 in the amount of \$50 reflecting the filing fees. Please process accordingly. Thank you.

Your courtesy and assistance concerning this matter is appreciated and should you have any questions please call me at 561-868-7088 x107 or Email:  
[jlager@banyanrealty.com](mailto:jlager@banyanrealty.com)

Sincerely,

A handwritten signature in black ink, appearing to read "Jill M. Lager". The signature is fluid and cursive, written over the printed name.

Jill M. Lager  
Certified Legal Assistant

Enclosure