


2007 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Feb 28, 2007 8:00 am
Secretary of State


02-28-2007 90153 005 ****50.00

DOCUMENT # L03000019499	
1. Entity Name PMCFI GEORGIA, LLC	

Principal Place of Business 501 N. MAGNOLIA AVENUE 100 ORLANDO, FL 32801	Mailing Address 1665 PALM BEACH LAKES BLVD., #400 WEST PALM BEACH, FL 33401
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2. Principal Place of Business - No P.O. Box # 707 MENDHAM BLVD.	3. Mailing Address 707 MENDHAM BLVD.
Suite, Apt. #, etc. SUITE 201	Suite, Apt. #, etc. SUITE 201
City & State ORLANDO, FL	City & State ORLANDO, FL
Zip 32825	Country USA

00060063



02072007 Chg-LLC CR2E083 (12/06)

4. FEI Number NOT APPLICABLE	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$5.00 Additional Fee Required

6. Name and Address of Current Registered Agent LAGER, JILL M 1665 PALM BEACH LAKES BLVD., SUITE 400 WEST PALM BEACH, FL 33401	
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7. Name and Address of New Registered Agent	
Name LOUIS E. VOGT	
Street Address (P.O. Box Number is Not Acceptable) 707 MENDHAM BLVD., SUITE 201	
City ORLANDO	FL Zip Code 32825

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.

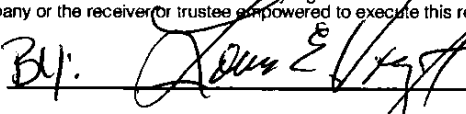
SIGNATURE  **LOUIS E. VOGT** DATE _____

Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

Filing Fee is \$50.00 Due by May 1, 2007	Make check payable to Florida Department of State
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9. MANAGING MEMBERS/MANAGERS		10. ADDITIONS/CHANGES	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGR VOGT, LOUIS 501 N. MAGNOLIA AVENUE ORLANDO, FO 32801 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGR VOGT, LOUIS E. 707 MENDHAM BLVD., STE 201 ORLANDO, FL 32825 <input checked="" 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
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.

SIGNATURE **BU:**  **LOUIS E. VOGT, MGR** 2/9/07 407-377-0600