# 2006 LIMITED LIABILITY COMPANY
## ANNUAL REPORT

**DOCUMENT # L03000020409**

**1.** Entity Name

**PR-PCE, LC**

| Principal Place of Business | Mailing Address |
|---|---|
| 666 SOUTH MILITARY TRAIL<br>DEERFIELD BEACH, FL 33442   US | 666 SOUTH MILITARY TRAIL<br>DEERFIELD BEACH, FL 33442   US |

**DO NOT WRITE IN THIS SPACE**

02092006 No Chg-LLC          CR2E083 (11/05)

| **4.** FEI Number | Applied For |
|---|---|
| 56-2369825 | Not Applicable |

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

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**6. Name and Address of Current Registered Agent**

SIMON, MICHAEL W
120 EAST PALMETTO PARK RD.
100
BOCA RATON, FL 33432

**DO NOT WRITE IN THIS SPACE**

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**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 reinstating)          DATE

**Filing Fee is $50.00**
**Due by May 1, 2006**

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**9.**            **MANAGING MEMBERS/MANAGERS**

| TITLE | MGRM |
|---|---|
| NAME | PORTEN DEVELOPMENT CORPORATION |
| STREET ADDRESS | 666 SOUTH MILITARY TRAIL |
| CITY-ST-ZIP | DEERFIELD BEACH, FL 33442 |

| TITLE | *PGR* |
|---|---|
| NAME | *Scott Porten* |
| STREET ADDRESS | *666 S. Military Trail* |
| CITY-ST-ZIP | *Deerfield Beach Fl 33442* |

| TITLE | |
|---|---|
| NAME | |
| STREET ADDRESS | |
| CITY-ST-ZIP | |

| TITLE | |
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| NAME | |
| STREET ADDRESS | |
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| TITLE | |
|---|---|
| NAME | |
| STREET ADDRESS | |
| CITY-ST-ZIP | |

**DO NOT WRITE IN THIS SPACE**

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**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:** _____  4/15/06   954 422 1883

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, OR AUTHORIZED REPRESENTATIVE          Date          Daytime Phone #