
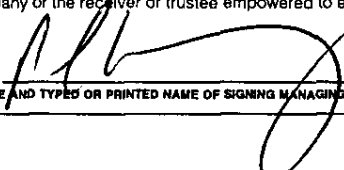


2004 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Apr 30, 2004 8:00 am
Secretary of State

04-30-2004 90083 044 ****50.00

DOCUMENT # L03000028059			
1. Entity Name PMK HOLDINGS V, LLC			
Principal Place of Business 335 S.W. 15TH AVENUE POMPANO BEACH, FL 33069		Mailing Address 335 S.W. 15TH AVENUE POMPANO BEACH, FL 33069	
2. Principal Place of Business 1498 NW 3rd Street Suite, Apt. #, etc.		3. Mailing Address 1498 NW 3rd Street Suite, Apt. #, etc.	
City & State Deerfield Beach FL		City & State Deerfield Beach FL	
Zip 33442	Country USA	Zip 33442	Country USA
6. Name and Address of Current Registered Agent HERSHKOWITZ, PAUL 335 S.W. 15TH AVENUE POMPANO BEACH, FL 33069		7. Name and Address of New Registered Agent Name: Hershkowitz, Paul Street Address (P.O. Box Number is Not Acceptable): 1498 NW 3rd Street City: Deerfield Beach FL Zip Code: 33442	
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 _____		DATE: 4/26/04	
Filing Fee is \$50.00 Due by May 1, 2004		Make check payable to Florida Department of State	
9. MANAGING MEMBERS/MANAGERS		10. ADDITIONS/CHANGES	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM HERSHKOWITZ, PAUL 335 S.W. 15TH AVENUE POMPANO BEACH, FL 33069 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM Hershkowitz, Paul <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition 1498 NW 3rd Street Deerfield Beach, FL 33442
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
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
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 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: 		Date: 4/26/04 Daytime Phone #: 954-782-3600	