

2008 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Apr 30, 2008 8:00 am
Secretary of State

04-30-2008 90029 047 ***138.75

DOCUMENT # L03000028059
 1. Entity Name
 PMK HOLDINGS V, LLC



Principal Place of Business Mailing Address
 1498 NW 3RD STREET 1498 NW 3RD STREET
 DEERFIELD BEACH, FL 33442 DEERFIELD BEACH, FL 33442

2. Principal Place of Business - No P.O. Box # 3. Mailing Address
 1388 SW 8th St 1388 SW 8th St
 Suite, Apt. #, etc. Suite, Apt. #, etc.

City & State City & State
 Pompano Beach FL Pompano Beach FL
 Zip Country Zip Country
 33069 Broward 33069 Broward

60034309



04232008 Chg-LLC CR2E083 (12/06)

4. FEI Number Applied For
 38-3691765 Not Applicable

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

6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent

HERSHKOWITZ, PAUL
~~1498 NW 3RD STREET~~
 DEERFIELD BEACH, FL 33442

Name
 Street Address (P.O. Box Number is Not Acceptable)
 1388 SW 8th St

City State Zip Code
 Pompano Beach FL 33069

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]* DATE: 4/24/08

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

FILE NOW!!! FEE IS \$138.75
After May 1, 2008 Fee will be \$528.75

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 1498 NW 3RD STREET DEERFIELD BEACH, FL 33442	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition 1388 SW 8th Street Pompano Beach FL 33069
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: *[Signature]* DATE: 4/24/08 DAYTIME PHONE: 9547823600

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