

**2006 LIMITED LIABILITY COMPANY
ANNUAL REPORT**

FILED
Mar 23, 2006 08:00 AM
Secretary of State

DOCUMENT # L03000031056 1. Entity Name PCS ATLANTIC, LLC	
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Principal Place of Business 8767 PERIMETER PARK BLVD JACKSONVILLE, FL 32216	Mailing Address 8767 PERIMETER PARK BLVD JACKSONVILLE, FL 32216
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03032006 No Chg-LLC

CR2E083 (11/05)

DO NOT WRITE IN THIS SPACE

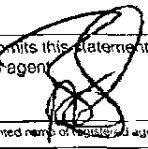
4. FEI Number 56-2370967	Applied For Not Applicable
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5. Certificate of Status Desired ☐	\$5.00 Additional Fee Required
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6. Name and Address of Current Registered Agent SMITH, BRIAN 8767 PERIMETER PARK BLVD JACKSONVILLE, FL 32216

**DO NOT WRITE
IN THIS SPACE**

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 reappointing)

3/3/6

Date

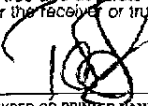
**Filing Fee is \$50.00
Due by May 1, 2006**

1100000477815
04/07/06-80004-016 50.00

9. MANAGING MEMBERS/MANAGERS	
TITLE NAME STREET ADDRESS CITY-ST- ZIP	CEO SMITH, BRIAN 8767 PERIMETER PARK BLVD JACKSONVILLE, FL 32216
TITLE NAME STREET ADDRESS CITY-ST- ZIP	P LEWIS, B 8767 PERIMETER PARK BLVD JACKSONVILLE, FL 32216
TITLE NAME STREET ADDRESS CITY-ST- ZIP	CFO CHONG, KYLE 8767 PERIMETER PARK BLVD JACKSONVILLE, FL 32216
TITLE NAME STREET ADDRESS CITY-ST- ZIP	
TITLE NAME STREET ADDRESS CITY-ST- ZIP	
TITLE NAME STREET ADDRESS CITY-ST- ZIP	

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IN THIS SPACE**

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 faculty or trustee empowered to execute this report as required by Chapter 608, Florida Statutes.

SIGNATURE: 

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, OR AUTHORIZED REPRESENTATIVE

3/3/6

Date

(904) 223-8448

Daytime Phone #