

2004 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT # L03000031985

1. Entity Name
PMAC INVESTMENTS, L.L.C.



FILED

2005 MAR 15 A 11:30

SECRETARY OF STATE



Principal Place of Business
204 MADISON AVE. APT. 3
CAPE CANAVERAL, FL 32920

Mailing Address
204 MADISON AVE. APT. 3
CAPE CANAVERAL, FL 32920

2. Principal Place of Business
445 Indian Creek Dr.

3. Mailing Address
445 Indian Creek Dr.

Suite, Apt. #, etc.

Suite, Apt. #, etc.

09292004

Chg-LLC

CR2E083 (10/03)

City & State
Cocoa Beach, FL

City & State
Cocoa Beach, FL

4. FEI Number

Applied For

☒ Not Applicable

Zip
32930

Country
Brevard

Zip
32930

Country
Brevard

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

MACDONALD, PETER
204 MADISON AVE. APT. 3
CAPE CANAVERAL, FL 32920
445 Indian Creek Dr.
Cocoa Beach, FL 32930

Name

Street Address (P.O. Box Number is Not Acceptable)

City

FL

Zip Code

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

Peter MacDonald

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

3/7/05

DATE

Filing Fee is \$50.00
Due by September 8, 2004

Make check payable to
Florida Department of State

9. MANAGING MEMBERS / MANAGERS

10. ADDITIONS / CHANGES

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
MGR
MACDONALD, PETER A
204 MADISON AVE. APT. 3
CAPE CANAVERAL, FL 32920

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
☐ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
445 Indian Creek Dr.
Cocoa Beach, FL 32930

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
☐ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
☐ Change ☐ Addition

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☐ Change ☐ Addition

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CITY-ST-ZIP
☐ Delete

TITLE
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STREET ADDRESS
CITY-ST-ZIP
700041176057
09/20/04 01063 002
750.00
☐ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
☐ Change ☐ 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:

Peter MacDonald

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

3/7/05 (321) 917-2133

Date

Daytime Phone #