

2005 LIMITED LIABILITY COMPANY ANNUAL REPORT (AR)

FILED
Feb 21, 2005 8:00 am
Secretary of State

02-21-2005 90177 033 ****55.00



DOCUMENT # L03000044547
 1. Entity Name
PCS DIVISION OF GEORGIA LLC

Principal Place of Business Mailing Address
14603 BEACH BLVD., STE. #800 **14603 BEACH BLVD., STE. #800**
JACKSONVILLE BEACH FL 32250 **JACKSONVILLE BEACH FL 32250**

2. Principal Place of Business 3. Mailing Address
8767 Perimeter Park Blvd. *8767 Perimeter Park Blvd.*
 Suite, Apt. #, etc. Suite, Apt. #, etc.

City & State City & State
JACKSONVILLE, FL **JACKSONVILLE, FL**
 Zip Country Zip Country
32216 **DIVAL** **32216** **DIVAL**

1st MOORE CR2E083 (10/04)

4. FEI Number Applied For
20-0401189 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

SMITH, BRIAN
14603 BEACH BLVD #800
JACKSONVILLE BEACH FL 32250

Name *SMITH, BRIAN J.*
 Street Address (P.O. Box Number is not acceptable)
8767 Perimeter Park Blvd.
 City **JACKSONVILLE** **FL** Zip Code
32216

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: *2/16/05*

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

FILE NOW!!! FEE IS \$50.00
Make Check Payable to Florida Department of State
Due By May 1, 2005

9. MANAGING MEMBERS / MANAGERS		10. ADDITIONS / CHANGES	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGR SMITH, BRIAN J 14603 BEACH BLVD., STE. #800 JACKSONVILLE BEACH FL 32250 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	CEO SMITH, BRIAN J. 8767 PERIMETER PARK BLVD. JACKSONVILLE, FL 32216 <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGR LEWIS, BRANDON G 14603 BEACH BLVD., STE. #800 JACKSONVILLE BEACH FL 32250 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	P LEWIS, BRANDON G 8767 PERIMETER PARK BLVD. JACKSONVILLE, FL 32216 <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGR CHONG, KSLE 14603 BEACH BLVD., STE. #800 JACKSONVILLE BEACH FL 32250 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	CFO CHONG, KYLE 8767 PERIMETER PARK BLVD. JACKSONVILLE, FL 32216 <input checked="" 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 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: *[Signature]* DATE: *2/16/05* (904) 223-8448

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