

# 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

14603 BEACH BLVD., STE. #800  
JACKSONVILLE BEACH FL 32250

Mailing Address

14603 BEACH BLVD., STE. #800  
JACKSONVILLE BEACH FL 32250

2. Principal Place of Business

8767 PERIMETER PARK BLVD.

3. Mailing Address

8767 PERIMETER PARK BLVD.

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

JACKSONVILLE, FL

City & State

JACKSONVILLE, FL

Zip

32216

Country

USA

Zip

32216

Country

USA

4. FEI Number

20-0401189

Applied For

Not Applicable

5. Certificate of Status Desired

☒

\$5.00 Additional  
Fee Required

6. Name and Address of Current Registered Agent

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

7. Name and Address of New Registered Agent

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, 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

TITLE MGR ☐ Delete  
NAME SMITH, BRIAN J  
STREET ADDRESS 14603 BEACH BLVD., STE. #800  
CITY-ST-ZIP JACKSONVILLE BEACH FL 32250

TITLE MGR ☐ Delete  
NAME LEWIS, BRANDON G  
STREET ADDRESS 14603 BEACH BLVD., STE. #800  
CITY-ST-ZIP JACKSONVILLE BEACH FL 32250

TITLE MGR ☐ Delete  
NAME CHONG, KSLE  
STREET ADDRESS 14603 BEACH BLVD., STE. #800  
CITY-ST-ZIP JACKSONVILLE BEACH FL 32250

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

10. ADDITIONS / CHANGES

TITLE CEO ☒ Change ☐ Addition  
NAME SMITH, BRIAN J.  
STREET ADDRESS 8767 PERIMETER PARK BLVD.  
CITY-ST-ZIP JACKSONVILLE, FL 32216

TITLE P ☒ Change ☐ Addition  
NAME LEWIS, BRANDON G  
STREET ADDRESS 8767 PERIMETER PARK BLVD.  
CITY-ST-ZIP JACKSONVILLE, FL 32216

TITLE CFO ☒ Change ☐ Addition  
NAME CHONG, KYLE  
STREET ADDRESS 8767 PERIMETER PARK BLVD.  
CITY-ST-ZIP JACKSONVILLE, FL 32216

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

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

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

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

Date

Daytime Phone #

2/16/05 (904) 223-8448