

# 2006 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L03000051263

Entity Name: PCHA, LLC

FILED  
Sep 05, 2006  
Secretary of State

**Current Principal Place of Business:**

665 WASHINGTON AVENUE  
MIAMI BEACH, FL 33139

**New Principal Place of Business:**

**Current Mailing Address:**

665 WASHINGTON AVENUE  
MIAMI BEACH, FL 33139

**New Mailing Address:**

FEI Number: 20-0473610      FEI Number Applied For ( )      FEI Number Not Applicable ( )      Certificate of Status Desired ( )  
In accordance with s. 607.193(2)(b), F.S., the limited liability company did not receive the prior notice.

**Name and Address of Current Registered Agent:**

**Name and Address of New Registered Agent:**

PARKER, JAY P  
1601 WASHINGTON AVENUE  
310  
MIAMI BEACH, FL 33139 US

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.

SIGNATURE: \_\_\_\_\_

Electronic Signature of Registered Agent

\_\_\_\_\_ Date

**MANAGING MEMBERS/MANAGERS:**

Title: MGRM ( ) Delete  
Name: CHARRY, MARIA P  
Address: 780 NE 69TH STREET, SUITE 204  
City-St-Zip: MIAMI, FL 33138

Title: MGRM ( ) Delete  
Name: HOYOS, NICOLAS  
Address: 780 NE 69TH STREET, SUITE 204  
City-St-Zip: MIAMI, FL 33138

**ADDITIONS/CHANGES:**

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the for the exemption stated in Chapter 119, Florida Statutes. I further certify that the information indicated on this report is true and accurate and that my electronic 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: MARIA P CHARRY

MGRM

09/05/2006

Electronic Signature of Signing Managing Member, Manager, or Authorized Representative / Date