

2005 LIMITED LIABILITY COMPANY ANNUAL REPORT

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

03-21-2005 90537 006 ****50.00

DOCUMENT # L04000004406

1. Entity Name
PMCFI BRANDYWOOD, LLC



Principal Place of Business
**501 E MAGNOLIA AVE, STE 100
ORLANDO, FL 32801**

Mailing Address
**501 E MAGNOLIA AVE, STE 100
ORLANDO, FL 32801**

20023295

2. Principal Place of Business
501 N. Magnolia Ave. #100
Suite, Apt. #, etc.

3. Mailing Address
501 N. Magnolia Ave., #100
Suite, Apt. #, etc.



02172005 Chg-LLC CR2E083 (10/03)

City & State
Orlando, FL

City & State
Orlando, FL

4. FEI Number
35-2227344

Applied For
Not Applicable

Zip **32801** Country **US**

Zip **3280** Country **US**

5. Certificate of Status Desired ☐ **\$5.00** Additional Fee Required

6. Name and Address of Current Registered Agent

**VOGT, LOUIS E
501 E MAGNOLIA AVE, STE 100
ORLANDO, FL 32801**

7. Name and Address of New Registered Agent

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

**Filing Fee is \$50.00
Due by May 1, 2005**

**Make check payable to
Florida Department of State**

9. MANAGING MEMBERS/MANAGERS

TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete

10. ADDITIONS/CHANGES

TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
Manager Louis E. Vogt 501 N. Magnolia Ave., #100 Orlando, FL 32801	
	<input type="checkbox"/> Change <input type="checkbox"/> Addition
	<input type="checkbox"/> Change <input type="checkbox"/> Addition
	<input type="checkbox"/> Change <input type="checkbox"/> Addition
	<input type="checkbox"/> Change <input type="checkbox"/> Addition
	<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 AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE

Louis E. Vogt, Manager

2/18/05

Date

407-898-7808

Daytime Phone #