


2005 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Jul 08, 2005 8:00 am
Secretary of State

04-18-2005 90077 013 ****55.00

DOCUMENT # L04000005863 1. Entity Name PM CONSULTING & INVESTMENTS, LLC					
Principal Place of Business 2700 CLUBHOUSE POINTE WEST PALM BEACH, FL 33409			Mailing Address 2700 CLUBHOUSE POINTE WEST PALM BEACH, FL 33409		
2. Principal Place of Business 2701 Okeechobee Blvd.		3. Mailing Address Suite, Apt. #, etc. Suite 300			
City & State West Palm Beach, Florida		City & State _____		4. FEI Number 56-2520950	
Zip 33409	Country USA	Zip _____	Country _____	5. Certificate of Status Desired <input checked="" type="checkbox"/> \$5.00 Additional Fee Required	
6. Name and Address of Current Registered Agent PFEIFFER, PATRICIA S 2700 CLUBHOUSE POINTE WEST PALM BEACH, FL 33409				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 _____ <small>Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating)</small>					
Filing Fee is \$50.00 Due by May 1, 2005		Make check payable to Florida Department of State			
9. MANAGING MEMBERS/MANAGERS			10. ADDITIONS/CHANGES		
TITLE NAME STREET ADDRESS CITY - ST - ZIP	MGR PFEIFFER, PATRICIA S 2700 CLUBHOUSE POINTE WEST PALM BEACH, FL 33409 <input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
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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 60B, Florida Statutes.					
SIGNATURE: <i>Patricia S. Pfeiffer</i> <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE</small>			Patricia S. Pfeiffer 4.12.05 561. 676.3131 <small>Date Daytime Phone #</small>		