

**2007 LIMITED LIABILITY COMPANY
ANNUAL REPORT**

FILED
Feb 15, 2007 08:00 A
Secretary of State

DOCUMENT # L04000005863

1. Entity Name
PM CONSULTING & INVESTMENTS, LLC



Principal Place of Business
2701 OKEECHOBEE BLVD
SUITE 300
WEST PALM BEACH, FL 33409

Mailing Address
2700 CLUBHOUSE POINTE
WEST PALM BEACH, FL 33409



02132007 No Chg-LLC

CR2E083 (11/05)

DO NOT WRITE IN THIS SPACE

4. FEI Number
56-2520950

Applied For
Not Applicable

5. Certificate of Status Desired ☐

\$5.00 Additional
Fee Required

6. Name and Address of Current Registered Agent

PFEIFFER, PATRICIA S
2700 CLUBHOUSE POINTE
WEST PALM BEACH, FL 33409

**DO NOT WRITE
IN THIS SPACE**

6. 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

**Filing Fee is \$50.00
Due by May 1, 2007**

000000637316
02/26/07-80055-009 50.00

9. MANAGING MEMBERS/MANAGERS

TITLE	MGR
NAME	PFEIFFER, PATRICIA S
STREET ADDRESS	2700 CLUBHOUSE POINTE
CITY-ST-ZIP	WEST PALM BEACH, FL 33409
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

**DO NOT WRITE
IN THIS SPACE**

11. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, 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:

Patricia S. Pfeiffer
SIGNATURE AND TYPED OR PRINTED NAME OF SERVING MANAGING MEMBER, OR AUTHORIZED REPRESENTATIVE

Date

Daytime Phone #

PATRICIA S. PFEIFFER 2.13.07 561. 676.3131