
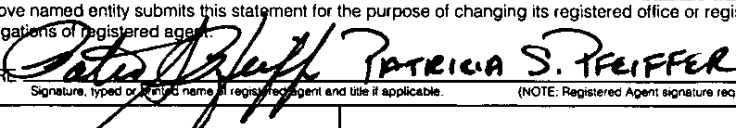
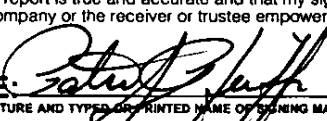


2008 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Feb 11, 2008 8:00 am
Secretary of State

02-11-2008 90133 002 ***143.75

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		
2. Principal Place of Business - No P.O. Box # 4500 PGA Boulevard Suite, Apt. #, etc. Suite 304-B		3. Mailing Address Suite, Apt. #, etc. City & State Palm Beach Gardens, FL Zip 33418			
City & State Palm Beach Gardens, FL		City & State City 33418		4. FEI Number 56-2520950	
5. Certificate of Status Desired <input checked="" type="checkbox"/> CR2E083 (12/06)		Applied For <input type="checkbox"/> Not Applicable			
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 <div style="display: flex; justify-content: space-between;"> FL Zip Code </div>		
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.		PATRICIA S. PFEIFFER		2.8.08 DATE	
FILE NOW!!! FEE IS \$138.75 After May 1, 2008 Fee will be \$538.75			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	MGR PFEIFFER, PATRICIA S 2700 CLUBHOUSE POINTE WEST PALM BEACH, FL 33409	<input type="checkbox"/> Delete			
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	MGR PFEIFFER, PATRICIA S 2700 CLUBHOUSE POINTE WEST PALM BEACH, FL 33409	<input type="checkbox"/> Delete			
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	MGR PFEIFFER, PATRICIA S 2700 CLUBHOUSE POINTE WEST PALM BEACH, FL 33409	<input type="checkbox"/> Delete			
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	MGR PFEIFFER, PATRICIA S 2700 CLUBHOUSE POINTE WEST PALM BEACH, FL 33409	<input type="checkbox"/> Delete			
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		2.8.08	
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE		Date		Daytime Phone #	