


2005 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Mar 23, 2005 8:00 am
Secretary of State

03-23-2005 90242 024 ****50.00

DOCUMENT # L04000010033	
1. Entity Name PMCFI PENNSYLVANIA, 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
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60064661

2. Principal Place of Business 501 N. Magnolia Ave., #100 Suite, Apt. #, etc.	3. Mailing Address 1665 Palm Beach Lakes Blvd. Suite, Apt. #, etc. 400
City & State Orlando, FL	City & State West Palm Beach, FL
Zip 32801 Country US	Zip 33401 Country US



02182005 Chg-LLC CR2E083 (10/03)

4. FEI Number 20-1585315	<input type="checkbox"/> Applied For <input type="checkbox"/> Not Applicable
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5. Certificate of Status Desired <input type="checkbox"/>	\$5.00 Additional Fee Required
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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 <u>Jill M. Lager</u> Street Address (P.O. Box Number is Not Acceptable) <u>1665 Palm Beach Lakes Blvd., Ste. 400</u> City <u>West Palm Beach</u> FL Zip Code <u>33401</u>
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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 <u>Jill M. Lager</u> <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)</small>	DATE <u>2/18/05</u>

Filing Fee is \$50.00 Due by May 1, 2005	Make check payable to Florida Department of State
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9. MANAGING MEMBERS/MANAGERS		10. ADDITIONS/CHANGES	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	Manager <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition Louis E. Vogt 501 N. Magnolia Avenue, Ste. 100 Orlando, FL 32801
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<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: <u>Louis E. Vogt</u> <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE</small>	Date <u>2/18/05</u> Daytime Phone # <u>407-898-7808</u>
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