

2006 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Jan 26, 2006 8:00 am
Secretary of State

01-26-2006 90067 022 ****50.00

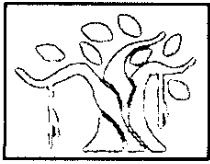
20002879



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		
2. Principal Place of Business		3. Mailing Address			
Suite, Apt. #, etc.		Suite, Apt. #, etc.			
City & State		City & State		4. FEI Number 20-1585315	
Zip		Country		5. Certificate of Status Desired <input type="checkbox"/> \$5.00 Additional Fee Required	
6. Name and Address of Current Registered Agent				7. Name and Address of New Registered Agent	
LAGER, JILL M 1665 PALM BEACH LAKES BLVD, STE 400 WEST PALM BEACH, FL 33401				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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____					
Filing Fee is \$50.00 Due by May 1, 2006		Make check payable to Florida Department of State			
9. MANAGING MEMBERS/MANAGERS			10. ADDITIONS/CHANGES		
TITLE	MGR <input type="checkbox"/> Delete		TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	VOGT, LOUIS E		NAME		
STREET ADDRESS	501 N MAGNOLIA AVE, STE 100		STREET ADDRESS		
CITY-ST-ZIP	ORLANDO, FL 32801		CITY-ST-ZIP		
TITLE	<input type="checkbox"/> Delete		TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY-ST-ZIP			CITY-ST-ZIP		
TITLE	<input type="checkbox"/> Delete		TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY-ST-ZIP			CITY-ST-ZIP		
TITLE	<input type="checkbox"/> Delete		TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY-ST-ZIP			CITY-ST-ZIP		
TITLE	<input type="checkbox"/> Delete		TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY-ST-ZIP			CITY-ST-ZIP		
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: <i>Louis E Vagt</i>			<i>LOUISE Vagt, MGR 1/20/2006, 407-898-7808</i>		
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE			Date Daytime Phone #		

ATTACHMENT

20002879



BANYAN
REALTY
MANAGEMENT, LLC

Via Federal Express

January 23, 2006

Florida Department of State
Division of Corporations
2670 Executive Center Circle
Suite 100
Tallahassee, FL 32301
Phone #850-245-6051

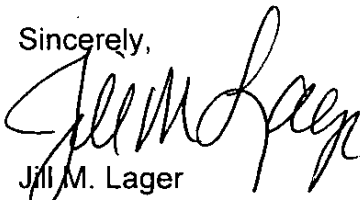
Re: **PMCFI PENNSYLVANIA, LLC**
DOCUMENT #L04000010033

To Whom it May Concern:

Enclosed please find the 2006 Limited Liability Company Annual Report for the above captioned company along with check #1815 in the amount of \$50 reflecting the filing fees. Please process accordingly. Thank you.

Your courtesy and assistance concerning this matter is appreciated and should you have any questions please call me at 561-868-7088 x107 or Email:
jlager@banyanrealty.com

Sincerely,



Jill M. Lager
Certified Legal Assistant

Enclosure