2007 LIMITED LIABILITY COMPANY AMENDED ANNUAL REPORT

Secretary of State **DOCUMENT # L04000010033** 02-28-2007 90153 006 ****50.00 PMCFI PENNSYLVANIA, LLC Mailing Address Principal Place of Business 707 MENDHAM BLVD 707 MENDHAM BLVD 60020028 WUITE 201 SUITE 201 ORLANDO, FL 32825 ORLANDO, FL 32825 2. Principal Place of Business - No P.O. Box # 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. 02072007 Chg-LLC CR2E083 (12/06) City & State 4. FEI Number Applied For City & State 20-1585315 Not Applicable Country \$5.00 Additional Zip Country Zip 5. Certificate of Status Desired Fee Required 7. Name and Address of New Registered Agent 6. Name and Address of Current Registered Agent LAGER, JILL M Street Address (P.O. Box Number is Not Acceptable) 1665 PALM BEACH LAKES BLVD, STE 400 WEST PALM BEACH, FL 33401 MENDHAM BLVD. City 8. The above named entity submits this statement t 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 DATE Make check payable to Amended AR is \$50.00 Florida Department of State MANAGING MEMBERS/MANAGERS ADDITIONS/CHANGES 9. 10. ■ Addition MGR ПΠЕ ☐ Delete TITLE ☐ Change VOGT, LOUIS E NAME NAME STREET ADDRESS STREET ADDRESS 707 MENDHAM BLVD SUITE 201 CITY-ST-ZIP ORLANDO, FL 32825 CITY-ST-ZIP ☐ Delete ☐ Change ☐ Addition TITS F NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-7IP CITY-ST-ZIP ☐ Change ☐ Addition TTRE ☐ Delete TIRE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Change ☐ Addition TITLE ☐ Delete STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Change ☐ Addition ☐ Detete TITE F TILE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Delete ☐ Change ☐ Addition NAME NAME STREET ADDRESS STREET ADORESS CITY-ST-718 CITY-ST-ZIP 11. I hereby certify that the information supplied with this liling 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 it 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 epont as required by Chapter 608, Florida Statutes.

LOUIS E. VOLT, MGR

FILED

Feb 28, 2007 8:00 am