
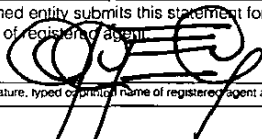
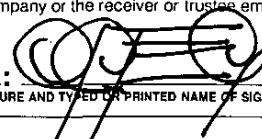


2005 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Mar 28, 2005 8:00 am
Secretary of State

03-28-2005 90291 007 ****55.00

DOCUMENT # L04000024694 1. Entity Name P.C. GROUP, LLC					
Principal Place of Business 1835 MAIN ST, STE 101 WESTON, FL 33326			Mailing Address 1835 MAIN ST, STE 101 WESTON, FL 33326		
2. Principal Place of Business <i>1290 Weston Rd</i> Suite, Apt. #, etc. <i>STE 214</i> City & State <i>Weston, FL</i> Zip <i>33326</i>		3. Mailing Address <i>1290 Weston Rd</i> Suite, Apt. #, etc. <i>STE 214</i> City & State <i>Weston, FL</i> Zip <i>33326</i>		03172005 Chg-LLC CR2E083 (10/03)	
Country <i>USA</i>		Country <i>USA</i>		4. FEL Number <i>73-1700436</i>	
5. Certificate of Status Desired <input checked="" type="checkbox"/> \$5.00 Additional Fee Required				Applied For <input type="checkbox"/> Not Applicable	
6. Name and Address of Current Registered Agent URQUIOLA, JOAQUIN GOLDSTEIN SCHECHTER PRICE, ET AL 2121 PONCE DE LEON BLVD, STE 1100 CORAL GABLES, FL 33134			7. Name and Address of New Registered Agent Name <i>MANUEL M. GUEVARA</i> Street Address (P.O. Box Number is Not Acceptable) <i>1290 Weston Rd</i> <i>Suite 214</i> City <i>Weston</i> FL Zip Code <i>33326</i>		
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: 			<i>MANUEL M. GUEVARA 3/25/05</i> (NOTE: Registered Agent signature required when reinstating) DATE		
Filing Fee is \$50.00 Due by May 1, 2005		Make check payable to Florida Department of State			
9. MANAGING MEMBERS/MANAGERS			10. ADDITIONS/CHANGES		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGR PRIETO, LEONEL C 1835 MAIN ST, STE 101 WESTON, FL 33326	<input type="checkbox"/> Delete <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGR URRIBARRI, ARMINDA M 1835 MAIN ST, STE 101 WESTON, FL 33326	<input type="checkbox"/> Delete <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	<input type="checkbox"/> Change <input type="checkbox"/> Addition			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	<input type="checkbox"/> Change <input type="checkbox"/> Addition			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	<input type="checkbox"/> Change <input type="checkbox"/> Addition			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	<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: 			<i>MANUEL M. GUEVARA 3/25/05 954-217-7590</i> SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE Date Daytime Phone #		