2005 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Mar 07, 2005
Secretary of State

DOCUMENT# L04000024707

Entity Name: PCB MANAGEMENT, LLC

Current Principal Place of Business:

653 WEST 23RD STREET, #183
PANAMA CITY, FL 32405

New Principal Place of Business:

Current Mailing Address:

653 WEST 23RD STREET, #183
PANAMA CITY, FL 32405

New Mailing Address:

FEI Number: 27-0084849 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

BROWN, THOMAS
653 WEST 23RD STREET, #183
PANAMA CITY, FL 32405 US

Name and Address of New Registered Agent:

BROWN, THOMAS D M.D.
653 WEST 23RD STREET, #183
PANAMA CITY, FL 32405 US

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.

SIGNATURE: THOMAS D. BROWN, M.D. 03/07/2005
Electronic Signature of Registered Agent Date

MANAGING MEMBERS/MEMBERS:

Title: MGRM ( ) Delete
Name: BROWN, THOMAS
Address: 653 WEST 23RD STREET, #183
City-St-Zip: PANAMA CITY, FL 32405

Title: MGRM ( ) Delete
Name: MAJKA, JESSICA
Address: 7009 NORTH LAGOON DRIVE
City-St-Zip: PANAMA CITY BEACH, FL 32417

ADDITIONS/CHANGES:

Title: MGRM (X) Change ( ) Addition
Name: BROWN, THOMAS D M.D.
Address: 653 WEST 23RD STREET, #183
City-St-Zip: PANAMA CITY, FL 32405

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the 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 electronic 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: THOMAS D. BROWN, M.D. MNGR 03/07/2005
Electronic Signature of Signing Managing Member, Manager, or Authorized Representative / Date