


**2007 LIMITED LIABILITY COMPANY  
ANNUAL REPORT**

**FILED**  
**Jan 23, 2007 08:00 AM**  
**Secretary of State**

|   |   |
|---|---|
| <b>DOCUMENT # L04000036929</b><br>1. Entity Name<br><b>PMW INVESTMENTS, LLC</b> |  |
|---|---|

|   |   |
|---|---|
| Principal Place of Business<br><b>VENTURE CORPORATE CENTER II<br/>200 S. PARK RD. SUITE 320<br/>HOLLYWOOD, FL 33021</b> | Mailing Address<br><b>VENTURE CORPORATE CENTER II<br/>200 S. PARK RD. SUITE 320<br/>HOLLYWOOD, FL 33021</b> |
|---|---|



01082007No Chg-LLC

CR2E083 (11/05)

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|                                    |  |
|------------------------------------|--|
| 4. FEI Number<br><b>03-0543171</b> | Applied For<br><input type="checkbox"/> Not Applicable |
|------------------------------------|--|

|   |                                       |
|---|---------------------------------------|
| 5. Certificate of Status Desired <input type="checkbox"/> | <b>\$5.00</b> Additional Fee Required |
|---|---------------------------------------|

|  |
|--|
| 6. Name and Address of Current Registered Agent<br><br><b>WHALEN, PAUL M<br/>VENTURE CORPORATE CENTER II<br/>200 S. PARK RD. SUITE 320<br/>HOLLYWOOD, FL 33021</b> |
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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 \_\_\_\_\_  
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) DATE

**Filing Fee is \$50.00  
Due by May 1, 2007**

| 9. MANAGING MEMBERS/MANAGERS                   |  |
|--|--|
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP | <b>MGR<br/>WHALEN, PAUL M<br/><del>4651 SHERIDAN STREET / SUITE 320</del> <b>200 S. PARK RD.<br/>STE 320</b><br/>HOLLYWOOD, FL 33021</b> |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP |  |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP |  |
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| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP |  |

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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:**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, OR AUTHORIZED REPRESENTATIVE

*Paul M. Whalen*  
**President**

Date

**1-18-07**

Daytime Phone #

**(954)  
963-7120**