## 2007 LIMITED LIABILITY COMPANY ANNUAL REPORT

DO NOT WRITE IN THIS SPACE

## DOCUMENT # L04000040396

1. Entity Name
PYC MANAGEMENT LLC

FILED Apr 25, 2007 08:00 A Secretary of State

Principal Place of Business

Mailing Address

8480 E. ORCHARD ROAD, STE. 6200 GREENWOOD VILLAGE, CO 80111-5029

the obligations of registered agent.

STREET ADDRESS
CITY-ST-ZIP
TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

6300 PASADENA POINT BLVD, SO. GULFPORT, FL 33707 US



04122007 No Chg-LLC

CR2E083 (11/05)

4. FEI Number	 Applied For		
14-1927019	 Not Applicable		
5. Certificate of Status Desired	\$5.00 Additional		

6. Name and Address of Current Registered Agent

CFRA, LLC CORPORATE CENTER THREE AT INT'L PLAZA 4221 W. BOY SCOUT BLVD, 10TH FLOOR TAMPA, FL 33607-5736

## DO NOT WRITE IN THIS SPACE

SIGNATURE	Signature, typed or printed name of registered agent and title if applicable.	(NOTE: Registered Agent signature required when reinstating)	DATE
Fi De	ling Fee is \$50.00 ue by May 1, 2007		000000729289 05/08/07-80032-025 50.00
9.	MANAGING MEMBERS/MANAGERS		
TITLE NAME STREET ADDRESS CITY: ST-ZIP	MGRM GRAVETTE, DONALD B 8480 E. ORCHARD ROAD, STE 6200 GREENWOOD VILLAGE, CO 801115029	1	
TIPLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM VICKERS, MICHAEL 8480 E. ORDHARD ROAD, STE 6200 GREENWOOD VILLAGE, CO 801115029		
TITLE NAME STREET ADDRESS CITY-ST-ZIP		DO	NOT WRITE
TITLE		IN	THIS SPACE

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

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:	Smald Granth	DONALD	$\mathcal{B}$	GRAVETTE	4-19-07	
	OR PRINTED NAME OF SIGNING MANAGING MEMBER, OF	R AUTHORIZED REPRE	SENTATI	VE	Date	Daytime Phone #