

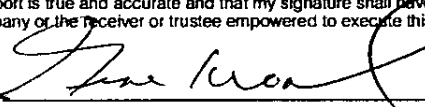


# 2005 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED  
SECRETARY OF STATE  
DIVISION OF CORPORATIONS

05 AUG 23 AM 8:21

<b>DOCUMENT # L04000041332</b> 1. Entity Name <b>PKC BROWARD, LLC</b>					
Principal Place of Business <b>3700 S. OCEAN BLVD., APT. #210B HIGHLAND BEACH, FL 33487</b>			Mailing Address <b>3700 S. OCEAN BLVD., APT. #210B HIGHLAND BEACH, FL 33487</b>		
2. Principal Place of Business Suite, Apt. #, etc. City & State Zip      Country		3. Mailing Address <b>c/o Kronick PO BOX 812074</b> Suite, Apt. #, etc. City & State Zip      Country			
08122005    Chg-LLC    CR2E083 (10/03)		4. FEI Number <b>20-1229296</b>		Applied For <input type="checkbox"/> Not Applicable	
5. Certificate of Status Desired <input checked="" type="checkbox"/> \$5.00 Additional Fee Required		6. Name and Address of Current Registered Agent <b>WEINER &amp; ARONSON, P.A. % JASON S. MANKOFF 102 NORTH SWINTON AVENUE DELRAY BEACH, FL 33444</b>			
7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City      State      Zip Code		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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____			
<b>Filing Fee is \$50.00 Due by September 7, 2005</b>		<b>Make check payable to Florida Department of State</b>			
<b>9. MANAGING MEMBERS/MANAGERS</b>			<b>10. ADDITIONS/CHANGES</b>		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>MGRM KC CONVERSIONS, LLC 3700 S. OCEAN BLVD., APT. #210B HIGHLAND BEACH, FL 33487</b>	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>400059178164 08/31/05--01040--007 **55.00</b>
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"/> 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"/> Change <input type="checkbox"/> Addition
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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"/> Change <input type="checkbox"/> Addition
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.					
<b>SIGNATURE:</b> 			8/15/05    561-376    4485		
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE					

PKC Broward, LLC  
Its managing member