2007 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED DOCUMENT # L04000050393 Mar 26, 2007 08:00 AM Secretary of State PMF PROPERTIES, LLC Principal Place of Business Mailing Address 7026 LITTLE ROAD 7026 LITTLE ROAD **NEW PORT RICHEY, FL 34654** NEW PORT RICHEY, FL 34654 02052007 No Chg-LLC CR2E083 (11/05) DO NOT WRITE IN THIS SPACE Applied For 4. FEI Number 20-1417297 Not Applicable \$5.00 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent MANUEL, PAUL A DO NOT WRITE 7026 LITTLE ROAD NEW PORT RICHEY, FL 34654 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 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) Filing Fee is \$50.00 Due by May 1, 2007 MANAGING MEMBERS/MANAGERS 9. MGR TITLE MANUEL, PAUL A NAME STREET ADDRESS 7026 LITTLE ROAD CITY-ST-ZIP NEW PORT RICHEY, FL 34654 000000678732 04/03/07-80010-002 50.00 TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS DO NOT WRITE CITY-ST-ZIP TITLE IN THIS SPACE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS

11. I hereby certify that the information supplied with the indicated on this report is true and according and the limited liability company or the receiver or trustee en is filing does not qualify for the exemptions contained in Chapter 119, Florida Statutes. I further certify that the information at my signature shall have the same legal effect as if made under oath; that I am a managing member or manager of the appropriate to execute this report as required by Chapter 608, Florida Statutes.

SIGNATURE:

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

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

Daytime Phone #