


**2008 LIMITED LIABILITY COMPANY ANNUAL REPORT**

**FILED**  
**Feb 28, 2008 08:00 AM**  
**Secretary of State**

**DOCUMENT # L04000068047**  
 1. Entity Name  
 PCA DELTA, LLC



Principal Place of Business  
 500 SE 17TH STREET, STE. 220  
 FT. LAUDERDALE, FL 33316

Mailing Address  
 500 SE 17TH STREET, STE. 220  
 FT. LAUDERDALE, FL 33316

**DO NOT WRITE IN THIS SPACE**



02212008 No Chg-LLC      CR2E083 (12/07)

4. FEI Number 20-1659796	Applied For 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

VOLMERT, PAUL M ESQ  
 500 SE 17TH STREET, STE. 220  
 FT. LAUDERDALE, FL 33316

**DO NOT WRITE 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 \_\_\_\_\_ DATE \_\_\_\_\_  
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

**FILE NOW!!! FEE IS \$138.75**  
**After May 1, 2008 Fee will be \$538.75**


000000842635  
 03/11/08-80039-009 138.75

9. MANAGING MEMBERS/MANAGERS

TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGR COHEN, KEN 500 SE 17TH STREET, STE 220 FT. LAUDERDALE, FL 33316
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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:**  **KEN COHEN**      **2/21/08**      **954-781-8100**  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, OR AUTHORIZED REPRESENTATIVE      Date      Daytime Phone #