

**2006 LIMITED LIABILITY COMPANY
ANNUAL REPORT**

FILED
Apr 06, 2006 8:00 am
Secretary of State

04-06-2006 90299 028 ****50.00

DOCUMENT # L04000074493

1. Entity Name
FLORIDA PCF INVESTMENTS, LLC



Principal Place of Business
431 CHAMPAGNE CIRCLE
PORT ORANGE, FL 32127

Mailing Address
431 CHAMPAGNE CIRCLE
PORT ORANGE, FL 32127

00000073



01052006 No Chg-LLC

CR2E083 (11/05)

DO NOT WRITE IN THIS SPACE

4. FEI Number
20-1776230

Applied For
Not Applicable

5. Certificate of Status Desired ☐

\$5.00 Additional
Fee Required

6. Name and Address of Current Registered Agent

TODD, EDWARD M
431 CHAMPAGNE CIRCLE
PORT ORANGE, FL 32127

**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 _____

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, 2006**

9. MANAGING MEMBERS/MANAGERS

TITLE	MGRM
NAME	GOEPFERT, SHAWN
STREET ADDRESS	2251 BRIAN AVENUE
CITY-ST-ZIP	DAYTONA BEACH, FL 32119
TITLE	MGRM
NAME	HALL, ROBERT
STREET ADDRESS	5889 SOUTH WILLIAMSON BOULEVARD
CITY-ST-ZIP	PORT ORANGE, FL 32124
TITLE	MGRM
NAME	PARKER, CLINT
STREET ADDRESS	1681 TOWN PARK DRIVE
CITY-ST-ZIP	PORT ORANGE, FL 32129
TITLE	GP
NAME	TODD, EDWARD
STREET ADDRESS	431 CHAMPAGNE CIRCLE
CITY-ST-ZIP	PORT ORANGE, FL 32127
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

**DO NOT WRITE
IN THIS SPACE**

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

Date

Daytime Phone #

4/4/06 386-405-3159