2009 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Mar 30, 2009
Secretary of State

DOCUMENT# L05000002357

Entity Name: PCI LLC

Current Principal Place of Business:

4893 W WATERS AVE
SUITE E
TAMPA, FL 33634

New Principal Place of Business:

Current Mailing Address:

4893 W WATERS AVE
SUITE E
TAMPA, FL 33634

New Mailing Address:

FEI Number: 20-2319313 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

MAIN, ALASTAIR D
4893 W WATERS AVE
SUITE E
TAMPA, FL 33634 US

Name and Address of New Registered Agent:

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.

SIGNATURE: _____

Electronic Signature of Registered Agent — Date

MANAGING MEMBERS/MANAGERS:

Title:	MGRM	( ) Delete
Name:	PERTTUNEN MAIN HOLDI, NGS LTD	
Address:	4893 W WATERS AVE, SUITE E	
City-St-Zip:	TAMPA, FL 33634	
Title:	MGRM	( ) Delete
Name:	ROLSTON, CHRIS G MR.	
Address:	4893 W. WATERS AVE. SUITE E	
City-St-Zip:	TAMPA, FL 33634 US	

ADDITIONS/CHANGES:

Title:	( ) Change ( ) Addition
Name:	
Address:	
City-St-Zip:	
Title:	( ) Change ( ) Addition
Name:	
Address:	
City-St-Zip:	

I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Chapter 119, Florida Statutes. I further certify that the information indicated on this report is true and accurate and that my electronic 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: ALASTAIR D. W. MAIN PRES 03/30/2009

Electronic Signature of Signing Managing Member, Manager, or Authorized Representative / Date