## 2006 LIMITED LIABILITY COMPANY ANNUAL REPORT

## DOCUMENT# L05000007560

Entity Name: PCF PARTNERS, LLC

City-St-Zip:

FILED Apr 05, 2006 Secretary of State

**Current Principal Place of Business: New Principal Place of Business:** 801 W. OAK STREET, SUITE 101 KISSIMMEE, FL 34741 **Current Mailing Address: New Mailing Address:** 801 W. OAK STREET, SUITE 101 KISSIMMEE, FL 34741 FEI Number: 42-1658137 FEI Number Applied For ( ) FEI Number Not Applicable ( ) Certificate of Status Desired ( ) Name and Address of Current Registered Agent: Name and Address of New Registered Agent: JANARIOUS, MARY K M.D. 801 W. OAK STREET, SUITE 101 KISSIMMEE, FL 34741 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: ADDITIONS/CHANGES: Title: ( ) Change (X) Addition () Delete JANARIOUS, MARY K Name: Name: Address: Address: 801 WEST OAK STREET SUITE 101 City-St-Zip: City-St-Zip: KISSIMMEE, FL 34741 Title: Title: MGR ( ) Change (X) Addition ( ) Delete Name: Name: JANARIOUS, FRANCIS B Address: Address: 801 WEST OAK STREET SUITE 101 City-St-Zip: City-St-Zip: KISSIMMEE, FL 34741 Title: () Delete Title: MGR ( ) Change (X) Addition VELEZ-VEGA, WILFREDO L Name: Name: 801 WEST OAK STREET SUITE 101 Address: Address: City-St-Zip: City-St-Zip: KISSIMMEE, FL 34741 Title: () Delete Title: MGR ( ) Change (X) Addition Name: Name: LUGO, SYLVIA E 801 WEST OAK STREET SUITE 101 Address: Address: City-St-Zip: City-St-Zip: KISSIMMEE, FL 34741 Title: () Delete Title: MGR ( ) Change (X) Addition WATANE, ARCHANA A Name: Name: 801 WEST OAK STREET SUITE 101 Address: Address: City-St-Zip: City-St-Zip: KISSIMMEE, FL 34741 Title: () Delete Title: ( ) Change (X) Addition WATANE, ANAND Name: Name: Address: Address: 801 WEST OAK STREET SUITE 101

I hereby certify that the information supplied with this filing does not qualify for the 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.

City-St-Zip:

KISSIMMEE, FL 34741

SIGNATURE: MARY K. JANARIOUS MGR 04/05/2006