2008 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Apr 03, 2008
Secretary of State

DOCUMENT# L05000007560

Entity Name: PCF PARTNERS, LLC

Current Principal Place of Business:

801 W. OAK STREET, SUITE101
KISSIMMEE, FL 34741

New Principal Place of Business:

Current Mailing Address:

801 W. OAK STREET, SUITE 101
KISSIMMEE, FL 34741

New Mailing Address:

FEI Number: 42-1658137 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

JANARIOUS, MARY K M.D.
801 W. OAK STREET, SUITE 101
KISSIMMEE, FL 34741 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:	MGR	( ) Delete
Name:	JANARIOUS, MARY K	
Address:	801 WEST OAK STREET SUITE 101	
City-St-Zip:	KISSIMMEE, FL 34741	
Title:	MGR	( ) Delete
Name:	JANARIOUS, FRANCIS B	
Address:	801 WEST OAK STREET SUITE 101	
City-St-Zip:	KISSIMMEE, FL 34741	
Title:	MGR	( ) Delete
Name:	VELEZ-VEGA, WILFREDO L	
Address:	801 WEST OAK STREET SUITE 101	
City-St-Zip:	KISSIMMEE, FL 34741	
Title:	MGR	( ) Delete
Name:	LUGO, SYLVIA E	
Address:	801 WEST OAK STREET SUITE 101	
City-St-Zip:	KISSIMMEE, FL 34741	
Title:	MGR	( ) Delete
Name:	WATANE, ARCHANA A	
Address:	801 WEST OAK STREET SUITE 101	
City-St-Zip:	KISSIMMEE, FL 34741	
Title:	MGR	( ) Delete
Name:	WATANE, ANAND	
Address:	801 WEST OAK STREET SUITE 101	
City-St-Zip:	KISSIMMEE, FL 34741	

ADDITIONS/CHANGES:

Title:	( ) Change ( ) Addition
Name:	
Address:	
City-St-Zip:	
Title:	( ) Change ( ) Addition
Name:	
Address:	
City-St-Zip:	
Title:	( ) Change ( ) Addition
Name:	
Address:	
City-St-Zip:	
Title:	( ) Change ( ) Addition
Name:	
Address:	
City-St-Zip:	
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: MARY K. JANARIOUS MGR 04/03/2008

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