

2009 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L05000007560

FILED
Apr 03, 2009
Secretary of State

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:

801 W. OAK STREET, SUITE101
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:

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
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City-St-Zip:

Title: () Change () Addition
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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

04/03/2009

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