


**2008 LIMITED LIABILITY COMPANY
ANNUAL REPORT**

FILED
Mar 10, 2008 8:00 am
Secretary of State

03-10-2008 90339 049 ***138.75

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DOCUMENT # L05000016362				
1. Entity Name PCA ACQUISITIONS III, LLC				
Principal Place of Business 900 S. PLANTATION RD, SUITE 120 PLANTATION, FL 33324		Mailing Address 258 CHAPMAN RD. SUITE 205 NEWARK, DE 19702		
2. Principal Place of Business - No P.O. Box #		3. Mailing Address		
Suite, Apt. #, etc.		Suite, Apt. #, etc.		
City & State		City & State		
Zip	Country	Zip	Country	4. FEI Number 22-3527610 Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/> \$5.00 Additional Fee Required				03052008 Chg-LLC CR2E083 (12/06)
6. Name and Address of Current Registered Agent			7. Name and Address of New Registered Agent	
PHAIR, LANCE 300 NW 82ND AVENUE SUITE500 PLANTATION, FL 33324			Name "SAME" Street Address (P.O. Box Number is Not Acceptable) 900 S. Plantation Rd, Suite 120 Plantation, FL 33324 City FL Zip Code	
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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____				
FILE NOW!!! FEE IS \$138.75 After May 1, 2008 Fee will be \$538.75			Make check payable to Florida Department of State	
9. MANAGING MEMBERS/MANAGERS			10. ADDITIONS/CHANGES	
TITLE	MGRM. <input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	COHEN, ADAM S	NAME		
STREET ADDRESS	695 RANOCAS RD	STREET ADDRESS		
CITY-ST-ZIP	WESTAMPTON, NJ 08060	CITY-ST-ZIP		
TITLE	MGRM <input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	PHILLIPS, MATTHEW M	NAME		
STREET ADDRESS	695 RANOCAS RD	STREET ADDRESS		
CITY-ST-ZIP	WESTAMPTON, NJ 08060	CITY-ST-ZIP		
TITLE	MGRM <input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	ENDERS, HOWARD A	NAME		
STREET ADDRESS	695 RANOCAS RD	STREET ADDRESS		
CITY-ST-ZIP	WESTAMPTON, NJ 08060	CITY-ST-ZIP		
TITLE	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME		NAME		
STREET ADDRESS		STREET ADDRESS		
CITY-ST-ZIP		CITY-ST-ZIP		
TITLE	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME		NAME		
STREET ADDRESS		STREET ADDRESS		
CITY-ST-ZIP		CITY-ST-ZIP		
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: _____		Howard Enders 3-6-08 (609) 518-9000		
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE		Date	Daytime Phone #	