

# 2006 LIMITED LIABILITY COMPANY ANNUAL REPORT

**FILED**  
**Feb 27, 2006 8:00 am**  
**Secretary of State**

02-27-2006 90416 023 \*\*\*\*50.00

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<b>DOCUMENT # L05000017306</b> 1. Entity Name PKM ASSOCIATES, LLC																															
Principal Place of Business 4179 MAIN STREET JUPITER, FL 33458		Mailing Address 4179 MAIN STREET JUPITER, FL 33458																													
2. Principal Place of Business 106 Commerce Way Suite, Apt. #, etc. #10-A		3. Mailing Address SAM Suite, Apt. #, etc.																													
City & State Jupiter, FL		City & State Jupiter, FL																													
Zip 33458		Country USA																													
4. FEI Number 760781334 0		Applied For Not Applicable																													
5. Certificate of Status Desired <input type="checkbox"/>		\$5.00 Additional Fee Required																													
6. Name and Address of Current Registered Agent  AGENTS AND CORPORATIONS, INC. SUITE E, 773 4TH AVENUE NORTH NAPLES, FL 34102 <i>PKM Associates, Pete Miskovich</i>		7. Name and Address of New Registered Agent Name <i>Pete Miskovich</i> Street Address (P.O. Box Number is Not Acceptable) 106 Commerce Way #10-A City <i>Jupiter</i> FL Zip Code <i>33458</i>																													
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 <i>[Signature]</i> DATE <i>2/9/06</i> <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)</small>																															
Filing Fee is \$50.00 Due by May 1, 2006		Make check payable to Florida Department of State																													
9. MANAGING MEMBERS/MANAGERS <table border="1" style="width:100%; border-collapse: collapse;"> <tr> <td style="width: 30%;">TITLE NAME STREET ADDRESS CITY-ST-ZIP</td> <td style="width: 70%;">           MGR            MISKOVICH, PETE            4179 MAIN STREET            JUPITER, FL 33458           <input type="checkbox"/> Delete         </td> </tr> <tr> <td>           TITLE            NAME            STREET ADDRESS            CITY-ST-ZIP         </td> <td>           106 Commerce Way            10-A            Jupiter, FL 33458           <input type="checkbox"/> Delete         </td> </tr> <tr><td> </td><td> </td></tr> <tr><td> </td><td> </td></tr> <tr><td> </td><td> </td></tr> <tr><td> </td><td> </td></tr> <tr><td> </td><td> </td></tr> </table>		TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGR MISKOVICH, PETE 4179 MAIN STREET JUPITER, FL 33458 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	106 Commerce Way 10-A Jupiter, FL 33458 <input type="checkbox"/> Delete											10. ADDITIONS/CHANGES <table border="1" style="width:100%; border-collapse: collapse;"> <tr> <td style="width: 30%;">TITLE NAME STREET ADDRESS CITY-ST-ZIP</td> <td style="width: 70%;"> <input type="checkbox"/> Change <input type="checkbox"/> Addition         </td> </tr> <tr><td> </td><td> </td></tr> <tr><td> </td><td> </td></tr> <tr><td> </td><td> </td></tr> <tr><td> </td><td> </td></tr> <tr><td> </td><td> </td></tr> <tr><td> </td><td> </td></tr> </table>		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition												
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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: <i>[Signature]</i> Date <i>2/9/06</i> Daytime Phone # <i>561 352 4730</i> <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE</small>																															