	MENT # LOS		BILITY COI REPORT			ו		•	of Stat
1. Entity Nar PCO-3, L	T <del>Q</del>	000017	705				02-02-20	06 9009:	3 007 ****50.00
Principal Place of Business 240 S. PINEAPPLE AVE., SUITE 702 SARASOTA, FL 34236			Mailing Address 240 S. PINEAPPLE AVE., SUI SARASOTA, FL 34236		02		3000020.7-		
2. Principal Place of Business			3. Mailing Address						
Suite, Apt. #, etc.			Suite, Api. #, etc.			01242006	Chg-LLC	CR2EO	83 (11/05)
City & Sta	te		City & State			4. FEI Numbr 20-	2450389		Applied For Not Applicab
Zip	Country		Zip	Country			of Status Desired		\$5.00 Additional Fee Required
	6. Name and Addr	ess of Current F	Registered Agent	<del> </del> -	Name	7, Name and	Address of New	Registered A	gent
240 S. PI	LLIAM A NEAPPLE AVE., SI FA, FL: 34236	JITE 702			Street Address (	P.O. Box Numb	er is Not Acceptat	<del>la</del> )	·
					City		· · · ·	FL	Zip Code
the obliga	e named entity submits t tions of registered agen		the purpose of changing i	its registered (	office or register	ed agent, or bot	h, in the State of F	vonual i amis	amiliar with, and accep
SIGNATURE	Sgrature, typed or primed agent Signature, typed or primed nem Illing Fee is \$50.0 Nue by May 1, 200	e of regelered egent is 0	nd (de d'applicable (NK	OTE: Registered Ag	affice or register		Ma	DATE ke check pi la Departme	ayable to ent of State
SKGNATURE	Stratue, yped or prined agent Stratue, yped or prined nem Hiling Fee is \$50.0 Nue by May 1, 200 MAN MGRM SABA, WILLIAM A	o of regelered egent to <b>6</b> <u>AGING MEMBER</u> AVE., SUITE	nd ine 7 appCable (NX RS/MANAGERS	DTE: Registered Ag	Ant some weight of the source		Ma	DATE ke check pi la Departme	ayable to ent of State
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## FLORIDA DEPARTMENT OF STATE Division of Corporations

February 6, 2006

PCO-3, LLC 240 S. PINEAPPLE AVE., SUITE 702 SARASOTA, FL 34236

Subject: PCO-3, LLC

Reference Number: L05000017703

Please be advised, we have received your annual report/uniform business report and your check(s) totaling \$50.00; however, the report <u>has not been filed</u> and a copy is being returned for the following correction(s):

Please complete Block 4 by entering your Federal Employer Identification (FEI) number or by checking the appropriate box. If "APPLIED FOR" is preprinted in Block 4, you MUST now provide the FEI number. A Social Security number is not considered to be the same as the FEI number. For FEI number assistance, call the IRS at (800) 829-1040.

After the corrections have been made, please return the report to: Division of Corporations, P.O. Box 6478, Tallahassee, Florida 32314 within 30 days from the date of this letter.

If you have additional questions or need further assistance, please call the Division of Corporations at (850) 245-6051.

/MH ANNUAL REPORTS SECTION