

2007 LIMITED LIABILITY COMPANY ANNUAL REPORT (AR)

FILED

Feb 28, 2007 08:00 A
Secretary of State

DOCUMENT # L05000018294

1. Entity Name

PKC INVESTMENTS, L.C.



Principal Place of Business

Mailing Address

57 LAKEPOINT DRIVE
MIRAMAR BEACH FL 32550

P.O. BOX 9204
MIRAMAR BEACH FL 32550



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

1st MOORE

CR2E083 (10/06)

4. FEI Number

20-2445691

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$5.00 Additional
Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

BROWN, ALEXANDRA
308 SAND MYRTLE TRAIL
DESTIN FL 32541

Name

Street Address (P.O. Box Number is Not Acceptable)

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

Signature, typed or printed name of registered agent and file if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

FILE NOW!!! FEE IS \$50.00
Make Check Payable to Florida Department of State
Due By May 1, 2007

9. MANAGING MEMBERS/MANAGERS

10. ADDITIONAL CHANGES

TITLE
NAME
STREET ADDRESS
CITY-STATE-ZIP
MGR
SPARACELLO, CATHERINE L
57 LAKEPOINT DRIVE
MIRAMAR BEACH FL 32550 ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-STATE-ZIP
03/09/07-80006-007 50.00 ☐ Addition
000000651385
03/09/07-80006-007 50.00

TITLE
NAME
STREET ADDRESS
CITY-STATE-ZIP ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-STATE-ZIP ☐ Change ☐ Addition

TITLE
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CITY-STATE-ZIP ☐ Delete

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CITY-STATE-ZIP ☐ Change ☐ Addition

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STREET ADDRESS
CITY-STATE-ZIP ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-STATE-ZIP ☐ Change ☐ Addition

11. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Section 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: CATHERINE L. SPARACELLO *Catherine Sparacello* 2/26/07 (504)

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE

Date

Daytime Phone 19-595