

2006 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L05000029226

Entity Name: PCBR, LLC

FILED
Apr 10, 2006
Secretary of State

Current Principal Place of Business:

520 BECKRICH ROAD
UNIT 2407
PANAMA CITY BEACH, FL 32407 US

New Principal Place of Business:

117 HOMBRE CIRCLE
PANAMA CITY BEACH, FL 32407 US

Current Mailing Address:

P.O. BOX 9935
PANAMA CITY, FL 32417

New Mailing Address:

FEI Number: FEI Number Applied For () FEI Number Not Applicable (X) Certificate of Status Desired ()

Name and Address of Current Registered Agent:

HESS, BRIAN D
9108 FRONT BEACH ROAD
PANAMA CITY BEACH, FL 32407 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: MGRM () Delete
Name: PYROULIS, GUS G
Address: 520 BECKRICH ROAD, UNIT 2407
City-St-Zip: PANAMA CITY BEACH, FL 32407 US

Title: MGRM () Delete
Name: PYROULIS, MARILYN J
Address: 520 BECKRICH ROAD, UNIT 2407
City-St-Zip: PANAMA CITY BEACH, FL 32407 US

ADDITIONS/CHANGES:

Title: MGRM (X) Change () Addition
Name: PYROULIS, GUS G
Address: 117 HOMBRE CIRCLE
City-St-Zip: PANAMA CITY BEACH, FL 32407 US

Title: MGRM (X) Change () Addition
Name: PYROULIS, MARILYN J
Address: 117 HOMBRE CIRCLE
City-St-Zip: PANAMA CITY BEACH, FL 32407 US

I hereby certify that the information supplied with this filing does not qualify for the 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: GUS G. PYROULIS

MGRM

04/10/2006

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