

2006 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Feb 02, 2006 8:00 am
Secretary of State

01-09-2006 90049 028 ****50.00

DOCUMENT # L05000039174 1. Entity Name PCM HOLDINGS, LLC					
Principal Place of Business 2661 OLD DIXIE HIGHWAY, SUITE A KISSIMMEE, FL 34744				Mailing Address 2661 OLD DIXIE HIGHWAY, SUITE A KISSIMMEE, FL 34744	
2. Principal Place of Business		3. Mailing Address			
Suite, Apt. #, etc.		Suite, Apt. #, etc.			
City & State		City & State			
Zip	Country	Zip	Country		
6. Name and Address of Current Registered Agent				7. Name and Address of New Registered Agent	
HAMES, LAURENCE C 215 NORTH EOLA DRIVE ORLANDO, FL 32801				Name <u>Perry C. Milwee</u> Street Address (P.O. Box Number is Not Acceptable) <u>2661 Old Dixie Hwy</u> City <u>Kissimmee</u> FL <u>34744</u>	
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 <u>PCM</u> <small>Signature, typed or printed name of registered agent and title if applicable</small>				DATE <u>1/4/06</u> <small>(NOTE: Registered Agent signature required when renewing)</small>	
Filing Fee is \$50.00 Due by May 1, 2006		Make check payable to Florida Department of State			
9. MANAGING MEMBERS/MANAGERS			10. ADDITIONS/CHANGES		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<u>President</u> <u>Perry C. Milwee</u> <u>2661 Old Dixie Hwy</u> <u>Kissimmee FL 34744</u> <input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
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TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
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: <u>PCM</u> <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE</small>				DATE <u>1/4/06</u> <small>Date Daytime Phone #</small>	



ATTACHMENT
30000188

FLORIDA DEPARTMENT OF STATE
Division of Corporations

January 12, 2006

PCM HOLDINGS, LLC
2661 OLD DIXIE HIGHWAY, SUITE A
KISSIMMEE, FL 34744

Subject: **PCM HOLDINGS, LLC**

Reference Number: **L05000039174**

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

List the complete title, name, street address, city, state and zip code of each manager, managing member or principal of the limited liability company.

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.

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ANNUAL REPORTS SECTION