


**2008 LIMITED LIABILITY COMPANY
ANNUAL REPORT**

FILED
May 06, 2008 8:00 am
Secretary of State

05-06-2008 90004 041 ***138.75

DOCUMENT # L05000039794 1. Entity Name PMC COVE, LLC	
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Principal Place of Business 212 WEST VAN BUREN STREET, 9TH FLOOR CHICAGO, IL 60607	Mailing Address 212 WEST VAN BUREN STREET, 9TH FLOOR CHICAGO, IL 60607
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DO NOT WRITE IN THIS SPACE	
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04092008 No Chg-LLC

CR2E083 (12/07)

4. FEI Number 20-2734039	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 CORPORATION SERVICE COMPANY 1201 HAYS STREET TALLAHASSEE, FL 32301-2525
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DO NOT WRITE IN THIS SPACE

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 _____ (NOTE: Registered Agent signature required when renewing) _____ DATE _____
Signature: typed or printed name of registered agent and title if applicable.

FILE NOW!!! FEE IS \$138.75
After May 1, 2008 Fee will be \$538.75

9. MANAGING MEMBERS/MANAGERS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM POLLACK, ALAN 212 W VAN BUREN ST 9TH FLR CHICAGO, IL 60607
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DO NOT WRITE IN THIS SPACE

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: Alan N. Pollack 1/10/08
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, OR AUTHORIZED REPRESENTATIVE Date Daytime Phone #