
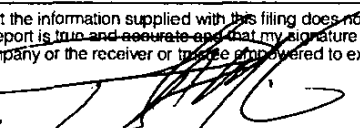


# 2006 LIMITED LIABILITY COMPANY ANNUAL REPORT

**FILED**  
**Jan 23, 2006 8:00 am**  
**Secretary of State**

01-23-2006 90138 032 \*\*\*\*55.00

|  |                                 |  |  |   |         |
|--|---------------------------------|--|--|---|---------|
| <b>DOCUMENT # L05000050326</b><br>1. Entity Name<br><b>PM ENGINEERING, LLC</b>   |                                 |  |  |  |         |
| Principal Place of Business<br><b>1175 CHERLYNN TERRACE<br/>WEST PALM BEACH, FL 33406</b>  |                                 |  | Mailing Address<br><b>1175 CHERLYNN TERRACE<br/>WEST PALM BEACH, FL 33406</b>  |   |         |
| 2. Principal Place of Business   |                                 |  | 3. Mailing Address   |   |         |
| Suite, Apt. #, etc.  |                                 |  | Suite, Apt. #, etc.  |   |         |
| City & State   |                                 |  | City & State   |   |         |
| Zip  |                                 | Country  | Zip  |   | Country |
| 4. FEI Number <b>51-0549194</b>  |                                 |  |  | Applied For<br><input type="checkbox"/> Not Applicable                            |         |
| 5. Certificate of Status Desired <input checked="" type="checkbox"/>   |                                 |  |  | <b>\$5.00</b> Additional Fee Required   |         |
| 6. Name and Address of Current Registered Agent<br><br><b>MARTIN, PATRICK<br/>1175 CHERLYNN TERRACE<br/>WEST PALM BEACH, FL 33406</b>  |                                 |  | 7. Name and Address of New Registered Agent<br>Name<br>Street Address (P.O. Box Number is Not Acceptable)<br>City <b>FL</b> 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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____  |                                 |  |  |   |         |
| <b>Filing Fee is \$50.00<br/>Due by May 1, 2006</b>  |                                 | <b>Make check payable to<br/>Florida Department of State</b> |  |   |         |
| 9. MANAGING MEMBERS/MANAGERS   |                                 |  | 10. ADDITIONS/CHANGES  |   |         |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP   | <input type="checkbox"/> Delete |  | TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP   | <input type="checkbox"/> Change <input type="checkbox"/> Addition                 |         |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP   | <input type="checkbox"/> Delete |  | TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP   | <input type="checkbox"/> Change <input type="checkbox"/> Addition                 |         |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP   | <input type="checkbox"/> Delete |  | TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP   | <input type="checkbox"/> Change <input type="checkbox"/> Addition                 |         |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP   | <input type="checkbox"/> Delete |  | TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP   | <input type="checkbox"/> Change <input type="checkbox"/> Addition                 |         |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP   | <input type="checkbox"/> Delete |  | TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP   | <input type="checkbox"/> Change <input type="checkbox"/> Addition                 |         |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP   | <input type="checkbox"/> Delete |  | TITLE<br>NAME<br>STREET ADDRESS<br>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. |                                 |  |  |   |         |
| <b>SIGNATURE:</b>   |                                 |  | Date <b>1/18/06</b> Daytime Phone # <b>561 969 2667</b>  |   |         |
| <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE</small>   |                                 |  |  |   |         |