


2007 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Feb 06, 2007 8:00 am
Secretary of State

02-06-2007 90028 004 ****50.00

DOCUMENT # L05000068660					
1. Entity Name PAMMC/BRIARWOOD, LLC					
Principal Place of Business NICHOLAS M. DANIELS, THERREL BAISDEN, PA ONE S.E. 3RD AVENUE, SUITE 2400 MIAMI, FL 33131			Mailing Address NICHOLAS M. DANIELS, THERREL BAISDEN, PA ONE S.E. 3RD AVENUE, SUITE 2400 MIAMI, FL 33131		
2. Principal Place of Business - No P.O. Box #		3. Mailing Address			
Suite, Apt. #, etc. <i>SUITE 2950</i>		Suite, Apt. #, etc. <i>SUITE 2950</i>			
City & State		City & State		01182007 Chg-LLC CR2E083 (12/06)	
Zip		Country		4. FEI Number NOT APPLICABLE	
Zip		Country		5. Certificate of Status Desired <input type="checkbox"/> \$5.00 Additional Fee Required	
6. Name and Address of Current Registered Agent				7. Name and Address of New Registered Agent	
DANIELS, NICHOLAS M ESQ. THERREL BAISDEN, P.A./SUNTRUST INTL CENTER ONE S.E. 3RD AVENUE, SUITE 2400 MIAMI, FL 33131				Name Street Address (P.O. Box Number is Not Acceptable) <i>SUITE 2950</i> 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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____					
Filing Fee is \$50.00 Due by May 1, 2007		Make check payable to Florida Department of State			
9. MANAGING MEMBERS/MANAGERS			10. ADDITIONS/CHANGES		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGR DANIEL, NICHOLAS M ESQ 1 SE 3RD AVE SUITE 2956- MIAMI, FL 33131	<input type="checkbox"/> Delete			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	SUITE 2950	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition			
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"/> Change <input type="checkbox"/> Addition			
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"/> Change <input type="checkbox"/> Addition			
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: _____ <i>Nicholas M. Daniels</i> <i>2/26/07</i>					
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE Date Daytime Phone #					