


**2007 LIMITED LIABILITY COMPANY  
ANNUAL REPORT**

**FILED**  
**Apr 25, 2007 08:00 AM**  
**Secretary of State**

<b>DOCUMENT # L05000086189</b> 1. Entity Name PCP INVESTORS, LLC	
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Principal Place of Business 521 LONG LAKE DRIVE PENSACOLA, FL 32506	Mailing Address 521 LONG LAKE DRIVE PENSACOLA, FL 32506
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<b>DO NOT WRITE IN THIS SPACE</b>
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03202007 No Chg-LLC

CR2E083 (11/05)

4. FEI Number 84-1711705	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	<b>\$5.00</b> Additional Fee Required

6. Name and Address of Current Registered Agent  COMBER, CAROL 521 LONG LAKE DRIVE PENSACOLA, FL 32506
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<b>DO NOT WRITE IN THIS SPACE</b>
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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 \_\_\_\_\_  
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE

**Filing Fee is \$50.00  
Due by May 1, 2007**

9. MANAGING MEMBERS/MANAGERS	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	MGRM COMBER, CAROL 521 LONG LAKE DRIVE PENSACOLA, FL 32506
TITLE NAME STREET ADDRESS CITY - ST - ZIP	MGRM PUDERER, HAROLD JR. 2480 SOUTH SHORE DRIVE BILOXI, MS 39532
TITLE NAME STREET ADDRESS CITY - ST - ZIP	
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<p>U00000729516 05/08/07-80041-022 50.00</p> <p><b>DO NOT WRITE IN THIS SPACE</b></p>
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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:** Carol Comber 4/27/07  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, OR AUTHORIZED REPRESENTATIVE Date Daytime Phone #