2009 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L05000090357

Entity Name: PKC2, LLC

City-St-Zip: SEMINOLE, FL 33775

CRAFT, KARIN

P.O. BOX 4665

SEMINOLE, FL 33775

() Delete

MGR

Title:

Name:

Address:

City-St-Zip:

FILED Apr 23, 2009 Secretary of State

Current Principal Place of Business:		New Principal Place	New Principal Place of Business:	
236 EAST 6TH A\ TALLAHASSEE, F				
Current Mailing Address:		New Mailing Addres	New Mailing Address:	
P.O. BOX 4665 SEMINOLE, FL 3	3775			
FEI Number: 20-3492	FEI Number Applied For	() FEI Number Not Applicable ()	Certificate of Status Desired ()	
Name and Addre	ss of Current Registered Age	ent: Name and Address	of New Registered Agent:	
PARACORP INCO 236 EAST 6TH AV TALLAHASSEE, F	/E			
The above named in the State of Flor		or the purpose of changing its registere	ed office or registered agent, or both	
SIGNATURE:				
E	Electronic Signature of Register	ed Agent	Date	
MANAGING MEMBER	RS/MANAGERS:	ADDITIONS/CHANGES:	ADDITIONS/CHANGES:	
	() Delete -, PHILIP OX 4665	Title: Name: Address:	() Change () Addition	

City-St-Zip:

() Change () Addition

Title:

Name:

Address:

City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Chapter 119, Florida Statutes. I further certify that the information indicated on this report is true and accurate and that my electronic 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: PHILIP CRAFT MGR 04/23/2009