2008 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Apr 30, 2008
Secretary of State

DOCUMENT# L05000116000

Entity Name: PCS ROYAL CONWAY, LLC

Current Principal Place of Business:

396 ALHAMBRA CIRCLE
SUITE 210
CORAL GABLES, FL 33134 US

New Principal Place of Business:

Current Mailing Address:

396 ALHAMBRA CIRCLE
SUITE 210
CORAL GABLES, FL 33134 US

New Mailing Address:

FEI Number: 20-3883714 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

SCAGLIONE, MICHAEL
396 ALHAMBRA CIRCLE
SUITE 210
CORAL GABLES, FL 33134 US

Name and Address of New Registered Agent:

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.

SIGNATURE: _____

Electronic Signature of Registered Agent Date

MANAGING MEMBERS/MANAGERS:

Title:	MGR	(X) Delete
Name:	RESTREPO, DIEGO L	
Address:	396 ALHAMBRA CIRCLE, SUITE 210	
City-St-Zip:	CORAL GABLES, FL 33134 US	
Title:	MGR	( ) Delete
Name:	PAREDES, JUAN C	
Address:	396 ALHAMBRA CIRCLE, SUITE 210	
City-St-Zip:	CORAL GABLES, FL 33134 US	
Title:	MGR	( ) Delete
Name:	SCHOTT, ERIC	
Address:	396 ALHAMBRA CIRCLE, SUITE 210	
City-St-Zip:	CORAL GABLES, FL 33134 US	
Title:	MGR	( ) Delete
Name:	CUBILLOS, HUMBERTO	
Address:	396 ALHAMBRA CIRCLE, SUITE 210	
City-St-Zip:	CORAL GABLES, FL 33134 US	
Title:	MGR	( ) Delete
Name:	CASTANEDA, JOSE ALFREDO	
Address:	10190 OLD KATY ROAD, SUITE 350	
City-St-Zip:	HOUSTON, TX 77043 US	

ADDITIONS/CHANGES:

Title:	( ) Change ( ) Addition
Name:	
Address:	
City-St-Zip:	
Title:	( ) Change ( ) Addition
Name:	
Address:	
City-St-Zip:	
Title:	( ) Change ( ) Addition
Name:	
Address:	
City-St-Zip:	
Title:	( ) Change ( ) Addition
Name:	
Address:	
City-St-Zip:	
Title:	( ) Change ( ) Addition
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: JUAN C PAREDES MGR 04/30/2008

Electronic Signature of Signing Managing Member, Manager, or Authorized Representative / Date