## 2009 LIMITED LIABILITY COMPANY AMENDED ANNUAL REPORT

## DOCUMENT# L06000048233

Entity Name: PCP PALM CITY, L.L.C.

FILED Apr 27, 2009 Secretary of State

**Current Principal Place of Business: New Principal Place of Business:** 

4674 S.W. HAMMOCK CREEK DRIVE

PALM CITY, FL 34990

**Current Mailing Address: New Mailing Address:** 

4674 S.W. HAMMOCK CREEK DRIVE 4674 S.W. HAMMOCK CREEK DRIVE

PALM CITY, FL 34990 PALM CITY, FL 34990

FEI Number: FEI Number Applied For ( ) FEI Number Not Applicable (X) Certificate of Status Desired ( )

Name and Address of Current Registered Agent: Name and Address of New Registered Agent:

CHARNVITAYAPONG, KASEM MGR 4674 S.W HAMMOCK CREEK DRIVE PALM CITY, FL 34990

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:

Date

Electronic Signature of Registered Agent

## MANAGING MEMBERS/MANAGERS:

() Delete

CHARNVITAYAPONG, KASEM MGR Name: Address: 4674 S.W. HAMMOCK CREEK DRIVE

City-St-Zip: PALM CITY, FL 34990

Title: MGRM () Delete

PATEL, DEVANG MGRM Name: Address: 3023 S.W MARCO, LANE City-St-Zip: PALM CITY, FL 34990

Title: MGRM ( ) Delete PATEL, PRASHANT MGRM Name:

Address: P.O.BOX 1578

City-St-Zip: PALM CITY, FL 34991 ADDITIONS/CHANGES:

() Change () Addition

() Change () Addition

() Change () Addition

Title:

Name: Address:

City-St-Zip:

Title:

Name: Address:

City-St-Zip:

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: KASEM CHARNVITAYAPONG 04/27/2009