

# 2009 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L06000057890

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

FILED  
Apr 14, 2009  
Secretary of State

## Current Principal Place of Business:

1453 S.W.JASMINE TRACE  
PALM CITY, FL 34990 US

## New Principal Place of Business:

## Current Mailing Address:

1453 S.W.JASMINE TRACE  
PALM CITY, FL 34990 US

## New Mailing Address:

FEI Number:

FEI Number Applied For ( )

FEI Number Not Applicable (X)

Certificate of Status Desired ( )

## Name and Address of Current Registered Agent:

PCP 11PALM CITY  
1453 S.W.JASMINE TRACE  
PALM CITY, FL 34990 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 ( ) Delete  
Name: PATEL, PRASHANT  
Address: 1453 SW JASMINE TRACE  
City-St-Zip: PALM CITY, FL 34990

Title: MGR ( ) Delete  
Name: PATEL, DAVANG  
Address: 1001 SE OCEAN BLVD # 103  
City-St-Zip: STUART, FL 34996

Title: MGR ( ) Delete  
Name: CHARNVITAYAPONG, KASEM  
Address: 4674 SW HAMMOCK CREEK DRIVE  
City-St-Zip: PALM CITY, FL 34990

## 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:

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: PRASHANT PATEL

MGR

04/14/2009

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