
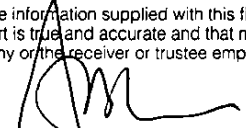


2007 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Jul 06, 2007 8:00 am
Secretary of State

07-06-2007 90061 002 ****55.00

DOCUMENT # L06000074507 1. Entity Name PJC FLORIDA, LLC					
Principal Place of Business C/O THE PALLADIUM GROUP 5000 S. AUSTRALIAN AVE. SUITE 110 WEST PALM BEACH, FL 33401			Mailing Address ATTN: ANNA BLANCO 333 SEVENTH AVE., 11TH FLOOR NEW YORK, NY 10001		
2. Principal Place of Business - No P.O. Box # Suite, Apt. #, etc. City & State Zip Country		3. Mailing Address Suite, Apt. #, etc. City & State Zip Country			
4. FEI Number Applied For <input checked="" type="checkbox"/> Not Applicable		5. Certificate of Status Desired <input checked="" type="checkbox"/> \$5.00 Additional Fee Required			
6. Name and Address of Current Registered Agent CORPORATION SERVICE COMPANY 1201 HAYS STREET TALLAHASSEE, FL 32301-2525			7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City FL Zip Code		
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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____ <small>Signature, typed or printed name of registered agent and title if applicable.</small>					
Filing Fee is \$50.00 Due by September 14, 2007		Make check payable to Florida Department of State			
9. MANAGING MEMBERS/MANAGERS			10. ADDITIONS/CHANGES		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGR BLANCO, ANNA 333 SEVENTH AVE., 11TH FLOOR NEW YORK, NY 10001	<input type="checkbox"/> Delete			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGR CALLAHAN, PETER J 500 SOUTH AUSTRALIAN AVE., SUITE 110 WEST PALM BEACH, FL 33401	<input type="checkbox"/> Delete			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGR BLANCO, ANNA 333 SEVENTH AVE., 11TH FLOOR NEW YORK, NY 10001	<input type="checkbox"/> Delete			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGR CALLAHAN, PETER J 500 SOUTH AUSTRALIAN AVE., SUITE 110 WEST PALM BEACH, FL 33401	<input type="checkbox"/> Delete			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGR BLANCO, ANNA 333 SEVENTH AVE., 11TH FLOOR NEW YORK, NY 10001	<input type="checkbox"/> Delete			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGR CALLAHAN, PETER J 500 SOUTH AUSTRALIAN AVE., SUITE 110 WEST PALM BEACH, FL 33401	<input type="checkbox"/> Delete			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGR BLANCO, ANNA 333 SEVENTH AVE., 11TH FLOOR NEW YORK, NY 10001	<input type="checkbox"/> Delete			
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:  ANNA BLANCO, MANAGER Date 7/5/07 Daytime Phone # 212 979 4801					