

# 2007 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L06000114747

**FILED**  
**Apr 24, 2007**  
**Secretary of State**

**Entity Name:** PC USA RE, LLC

**Current Principal Place of Business:**

2564 N.E. MIAMI GARDENS DRIVE  
AVENTURA, FL 33180 US

**New Principal Place of Business:**

**Current Mailing Address:**

2564 N.E. MIAMI GARDENS DRIVE  
AVENTURA, FL 33180 US

**New Mailing Address:**

FEI Number: 20-5967970

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

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

PINHASI, ZOHAR  
2560 N.E. MIAMI GARDENS DRIVE  
AVENTURA, FL 33180 US

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

PINHASI, ZOHAR  
2564 N.E. MIAMI GARDENS DRIVE  
AVENTURA, FL 33180 US

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: ZOHAR PINHASI

04/24/2007

Electronic Signature of Registered Agent

Date

**MANAGING MEMBERS/MANAGERS:**

Title: MGRM ( ) Delete  
Name: PINHASI, ZOHAR  
Address: 2564 N.E. MIAMI GARDENS DRIVE  
City-St-Zip: AVENTURA, FL 33180 US

Title: MGRM ( ) Delete  
Name: TOPAZ, SHARON  
Address: 2564 N.E. MIAMI GARDENS DRIVE  
City-St-Zip: AVENTURA, FL 33180 US

**ADDITIONS/CHANGES:**

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 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: ZOHAR PINHASI

MGRM

04/24/2007

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