

**2008 LIMITED LIABILITY COMPANY  
ANNUAL REPORT**

DOCUMENT # L06000123286



1. Entity Name  
PFL V HR, LLC

Principal Place of Business  
C/O THE ROCACCANTI GROUP  
1140 RESERVOIR AVE.  
CRANSTON, RI 02920

Mailing Address  
C/O THE ROCACCANTI GROUP  
1140 RESERVOIR AVE.  
CRANSTON, RI 02920

2. Principal Place of Business - No P.O. Box #  
*do The Procaccianti Group*

Suite, Apt. #, etc.

3. Mailing Address  
*do The Procaccianti Group*

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

03202008 Chg-LLC CR2E083 (12/06)

|               |                   |                |
|---------------|-------------------|----------------|
| 4. FEI Number | <i>20-8427484</i> | Applied For    |
|               |                   | Not Applicable |

5. Certificate of Status Desired  \$5.00 Additional Fee Required

6. Name and Address of Current Registered Agent

C T CORPORATION SYSTEM  
1200 SOUTH PINE ISLAND ROAD  
PLANTATION, FL 33324

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

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

**FILE NOW!!! FEE IS \$138.75  
After May 1, 2008 Fee will be \$538.75**

Make check payable to  
Florida Department of State

9. MANAGING MEMBERS/MANAGERS

10. ADDITIONS/CHANGES

|  |                                 |  |  |  |
|--|---------------------------------|--|--|--|
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP | <input type="checkbox"/> Delete | TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP | <i>Manager<br/>Procaccianti, Elizabeth A.<br/>1140 Reservoir Avenue<br/>Cranston, RI 02920</i> | <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP | <input type="checkbox"/> Delete | TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP |  | <input type="checkbox"/> Change <input type="checkbox"/> Addition            |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP | <input type="checkbox"/> Delete | TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP |  | <input type="checkbox"/> Change <input type="checkbox"/> Addition            |
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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 authorized to execute this report as required by Chapter 608, Florida Statutes.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE

*Elizabeth A. Procaccianti, Manager*

4-3-08

(401) 946-4600

Date

Daytime Phone #