


2008 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Apr 08, 2008 8:00 am
Secretary of State

04-08-2008 90041 044 ***138.75

| | |
|---------------------------------|---|
| DOCUMENT # L06000123286 |  |
| 1. Entity Name PFL V HR, LLC | |

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|---|---|
| Principal Place of Business C/O THE ROCACCIANTI GROUP 1140 RESERVOIR AVE. CRANSTON, RI 02920 | Mailing Address C/O THE ROCACCIANTI GROUP 1140 RESERVOIR AVE. CRANSTON, RI 02920 |
|---|---|

60020804

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|---|---|
| 2. Principal Place of Business - No P.O. Box # <i>C/O The Procaccianti Group</i> | 3. Mailing Address <i>C/O The Procaccianti Group</i> |
| Suite, Apt. #, etc. | Suite, Apt. #, etc. |



03202008 Chg-LLC CR2E083 (12/06)

| | |
|--------------|--------------|
| City & State | City & State |
| Zip | Country |

| | |
|------------------------------------|-------------------------------|
| 4. FEI Number 20-8427484 | Applied For Not Applicable |
|------------------------------------|-------------------------------|

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|---|---------------------------------------|
| 5. Certificate of Status Desired <input type="checkbox"/> | \$5.00 Additional Fee Required |
|---|---------------------------------------|

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|--|--|
| 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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____

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|---|---|
| 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 NAME STREET ADDRESS CITY-ST-ZIP | <input type="checkbox"/> Delete | TITLE NAME STREET ADDRESS CITY-ST-ZIP | <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | <input type="checkbox"/> Delete | TITLE NAME STREET ADDRESS CITY-ST-ZIP | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
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| TITLE NAME STREET ADDRESS CITY-ST-ZIP | <input type="checkbox"/> Delete | TITLE NAME STREET ADDRESS CITY-ST-ZIP | <input type="checkbox"/> Change <input type="checkbox"/> Addition |

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:  | 4-3-08 | (401) 946-4600 |
| SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE <i>Elizabeth A. Procaccianti, Manager</i> | Date | Daytime Phone # |