2008 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Apr 29, 2008
Secretary of State

DOCUMENT# L07000068073

Entity Name: PC OF FLORIDA STORE #2 LLC

Current Principal Place of Business:

415 N. LASALLE
700B
CHICAGO, IL 60610 US

New Principal Place of Business:

Current Mailing Address:

415 N. LASALLE
700B
CHICAGO, IL 60610 US

New Mailing Address:

444 N. MICHIGAN
3500
CHICAGO, IL 60611 US

FEI Number: 26-0480860 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

D2 LAW GROUP
3239 HENDERSON BLVD.
SECOND FLOOR
TAMPA, FL 33609 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: FLORSHEIM, ANDREW S
Address: 415 N. LASALLE, SUITE 700B
City-St-Zip: CHICAGO, IL 60610 US

Title: MGR ( ) Delete
Name: FLORSHEIM, STEVEN C ESQ.
Address: 415 N. LASALLE, SUITE 700B
City-St-Zip: CHICAGO, IL 60610 US

Title: MGR ( ) Delete
Name: BOTTY, ALFREDO
Address: 415 N. LASALLE, SUITE 700B
City-St-Zip: CHICAGO, IL 60610 US

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: ANDREW FLORSHEIM MGR 04/29/2008

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