2008 LIMITED LIABILITY COMPANY ANNUAL REPORT (AR) - DUE BY MAY 1, 2008

FILED
May 15, 2008 8:00 am
Secretary of State
04-11-2008 90190 001 ***277.50

DOCUMENT # L07000086707

1. Entity Name

PCPONEY, LLC

Principal Place of Business	Mailing Address
763 SHAMROCK BOULEVARD VENICE FL 34293 US	763 SHAMROCK BOULEVARD VENICE FL 34293 US

2. Principal Place of Business - No P.O. Box #	3. Mailing Address
742 Shamrock Blvd	742 Shamrock Blvd
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State	City & State
Zip / Country	Zip / Country

1st MOORE CR2E083 (10/07)

4. FEI Number 26-1205798 ☐ Applied For ☐ Not Applicable

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

6. Name and Address of Current Registered Agent	7. Name and Address of New Registered Agent
KLINGBEIL, ROBERT T JR 341 W. VENICE AVENUE VENICE FL 34285	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 ______ 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	MGRM	☐ Delete	TITLE	☒ Change ☐ Addition
NAME	STRAYER, ROBERT B JR.		NAME	
STREET ADDRESS	~~763~~ SHAMROCK BOULEVARD		STREET ADDRESS	742 Shamrock Blvd
CITY-ST-ZIP	VENICE FL 34293		CITY-ST-ZIP	
TITLE	MGRM	☐ Delete	TITLE	☒ Change ☐ Addition
NAME	STRAYER, LISA C		NAME	
STREET ADDRESS	~~763~~ SHAMROCK BOULEVARD		STREET ADDRESS	742 Shamrock Blvd
CITY-ST-ZIP	VENICE FL 34293		CITY-ST-ZIP	
TITLE		☐ Delete	TITLE	☐ Change ☐ Addition
NAME			NAME	
STREET ADDRESS			STREET ADDRESS	
CITY-ST-ZIP			CITY-ST-ZIP	
TITLE		☐ Delete	TITLE	☐ Change ☐ Addition
NAME			NAME	
STREET ADDRESS			STREET ADDRESS	
CITY-ST-ZIP			CITY-ST-ZIP	
TITLE		☐ Delete	TITLE	☐ Change ☐ Addition
NAME			NAME	
STREET ADDRESS			STREET ADDRESS	
CITY-ST-ZIP			CITY-ST-ZIP	
TITLE		☐ Delete	TITLE	☐ Change ☐ Addition
NAME			NAME	
STREET ADDRESS			STREET ADDRESS	
CITY-ST-ZIP			CITY-ST-ZIP	

11. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Section 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: [signature] 1/24/08 941 4971290

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE — Date — Daytime Phone #