2009 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Feb 18, 2009
Secretary of State

DOCUMENT# L08000050692

Entity Name: PM KLEARY, LLC

Current Principal Place of Business:

8362 PINES BLVD
348
PEMBROKE PINES, FL 33024 US

New Principal Place of Business:

2113 SW MARBLEHEAD WAY
PORT SAINT LUCIE, FL 34953 US

Current Mailing Address:

8362 PINES BLVD
348
PEMBROKE PINES, FL 33024 US

New Mailing Address:

2113 SW MARBLEHEAD WAY
PORT SAINT LUCIE, FL 34953 US

FEI Number: **FEI Number Applied For ( )** **FEI Number Not Applicable (X)** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

CASIMIR, PATRICIA L
8362 PINES BLVD
348
PEMBROKE PINES, FL 33024 US

Name and Address of New Registered Agent:

CASIMIR, PATRICIA L
2113 SW MARBLEHEAD WAY
PORT SAINT LUCIE, FL 34953 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: 02/18/2009
Electronic Signature of Registered Agent — Date

MANAGING MEMBERS/MANAGERS:

Title: MGR ( ) Delete
Name: CASIMIR, PATRICIA L
Address: 8362 PINES BLVD
City-St-Zip: PEMBROKE PINES, FL 33024 US

Title: ( ) Delete
Name:
Address:
City-St-Zip:

ADDITIONS/CHANGES:

Title: MGR (X) Change ( ) Addition
Name: CASIMIR, PATRICIA L
Address: 2113 SW MARBLEHEAD WAY
City-St-Zip: PORT SAINT LUCIE, FL 34953 US

Title: MGR ( ) Change (X) Addition
Name: MITCHELL, MICHAEL
Address: 2113 SW MARBLEHEAD WAY
City-St-Zip: PORT SAINT LUCIE, FL 34953

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: MICHAEL MITCHELL MGR 02/18/2009
Electronic Signature of Signing Managing Member, Manager, or Authorized Representative / Date