

2009 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L08000078336

FILED
Jan 16, 2009
Secretary of State

Entity Name: PCA ACQUISITIONS IV, LLC

Current Principal Place of Business:

900 S PINE ISLAND RD
SUITE 120
PLANTATION, FL 33324

New Principal Place of Business:

Current Mailing Address:

695 RANCOCAS RD
WESTAMPTON, NJ 08060

New Mailing Address:

1002 JUSTISON STREET
WILMINGTON, DE 19801

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

Name and Address of Current Registered Agent:

OFFENBERGER, LAYN
900 S PINE ISLAND RD
SUITE 201
PLANTATION, FL 33324 US

Name and Address of New Registered Agent:

OFFENBERGER, LAYN
900 S PINE ISLAND RD
SUITE 120
PLANTATION, FL 33324 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: _____ 01/16/2009
Electronic Signature of Registered Agent Date

MANAGING MEMBERS/MANAGERS:

Title: MGRM () Delete
Name: HOWARD, ENDERS A
Address: 695 RANCOCAS RD
City-St-Zip: WESTAMPTON, NJ 08060

ADDITIONS/CHANGES:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: MGRM () Delete
Name: COHEN, ADAM S
Address: 695 RANCOCAS RD
City-St-Zip: WESTAMPTON, NJ 08060

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: MGRM () Delete
Name: PHILLIPS, MATTHEW M
Address: 695 RANCOCAS RD
City-St-Zip: WESTAMPTON, NJ 08060

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: HOWARD A. ENDERS MGRM 01/16/2009
Electronic Signature of Signing Managing Member, Manager, or Authorized Representative / Date