2006 LIMITED LIABILITY COMPANY ANNUAL REPORT

DO NOT WRITE IN THIS SPACE

DOCUMENT # L99000002660

t. Entity Name PML, L.C.

FILED Feb 20, 2006 08:00 AM Secretary of State

Principal Place of Business

3263 SE DIXIE HWY STUART, FL 34997 Mailing Address

3263 SE DIXIE HWY STUART, FL 34997

02162006 No Chg-LLC

CR2E083 (11/05)

4. FEI Number 65-0920846 Applied For Not Applicable

5. Certificate of Status Desired

\$5.00 Additional Fee Required

6. Name and Address of Current Registered Agent

MUNROE, IVAN 3263 SE DIXIE HWY STUART, FL 34997

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8	6. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florid	a. I am familiar with, and accept
	the obligations of registered agent.	

SIGNATURE

Signature, typed or printed name of registered agent and title if applicable

(NOTE Registered Agent signature required when refristering)

DATE

Filing Fee is \$50.00 Due by May 1, 2006

9.	MANAGING MEMBERS/MANAGERS
TITLE	MGRM
NAME	MUNROE, IVAN
STREET ADDRESS	3263 SE DIXIE HWY
ETTY-57-27?	STUART, FL 34997
TITLE	MGRM
NAME	PALM, JOHN
STREET ADDRESS	3263 SE DIXIE HWY
City-St-Zip	STUART, FL 34997
TITLE NAME STREET ADDRESS CITY-ST-ZIP	-
TITLE MAME STREET ADDRESS CITY-SI-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE HAME STREET ADDRESS CITY-S1-ZIP	-

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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 inclicated 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:

URE: _______ Munico.
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, OR AUTHORIZED REPRESENTATIVE

2-11.00

772- 286-3210

Date

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