


**2007 LIMITED LIABILITY COMPANY
ANNUAL REPORT**

FILED

**Feb 22, 2007 08:00 AM
Secretary of State**

DOCUMENT # L99000002660 1. Entity Name PML, L.C.	
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Principal Place of Business 3263 SE DIXIE HWY STUART, FL 34997	Mailing Address 3263 SE DIXIE HWY STUART, FL 34997
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01132007No Chg-LLC

CR2E083 (11/05)

DO NOT WRITE IN THIS SPACE

4. FEI Number 65-0920846	Applied For Not Applicable
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5. Certificate of Status Desired <input type="checkbox"/>	\$5.00 Additional Fee Required
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6. Name and Address of Current Registered Agent MUNROE, IVAN 3263 SE DIXIE HWY STUART, FL 34997
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DO NOT WRITE IN THIS SPACE

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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____
Signature, typed or printed name of registered agent and title if applicable.

**Filing Fee is \$50.00
Due by May 1, 2007**

9. MANAGING MEMBERS/MANAGERS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM MUNROE, IVAN 3263 SE DIXIE HWY STUART, FL 34997
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM PALM, JOHN 3263 SE DIXIE HWY STUART, FL 34997
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<p>U00000643529 03/02/07-80005-024 50.00</p> <p>DO NOT WRITE IN THIS SPACE</p>

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 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: Ivan Munroe IVAN MUNROE 1-15-07 772-286-3210
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, OR AUTHORIZED REPRESENTATIVE Date Daytime Phone #