


2006 LIMITED LIABILITY COMPANY ANNUAL REPORT (AR)

107

FILED
Feb 22, 2006 8:00 am
Secretary of State

02-22-2006 90110 042 ****50.00

DOCUMENT # M00000001810	
1. Entity Name PCA NATIONAL LLC	

Principal Place of Business 815 MATTHEWS - MINT HILL ROAD MATTHEWS NC 28105	Mailing Address P.O. BOX 1393 MATTHEWS NC 28106
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2. Principal Place of Business	Mailing Address
Suite, Apt. #, etc.	Suite, #, etc.
City & State	City & State
Zip	Country



1st MOORE CR2E083 (10/05)

4. FEI Number 56-0935596	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/> \$5.00 Additional Fee Required	

6. Name and Address of Current Registered Agent C T CORPORATION SYSTEM -1200 SOUTH PINE ISLAND ROAD PLANTATION FL 33324	7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City FL Zip Code
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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.

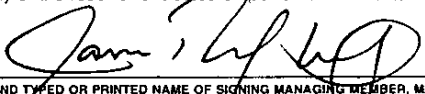
SIGNATURE _____ (NOTE: Registered Agent signature required when reinstating) DATE _____

<p>FILE NOW!!! FEE IS \$50.00 Make Check Payable to Florida Department of State Due By May 1, 2006</p>	
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9. MANAGING MEMBERS / MANAGERS		10. ADDITIONS / CHANGES	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	DP FELD, BARRY J 14483 NOLEN LANE CHARLOTTE NC 28277 <input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY - ST - ZIP	V NORSWORTHY, DON 3720 PROVIDENCE MANOR CHARLOTTE NC 28270 <input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY - ST - ZIP	S WREN, J. ROBERT JR 3644 BRENTWOOD DR GASTONIA NC 28056 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition

**SEE
ATTACHED**

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:  **J. Robert Wren Jr.** 1/24/06 7046478011
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE Date Daytime Phone #

PCA National, LLC
Federal Identification Number: 56-0935596
815 Matthews-Mint Hill Road
Matthews, NC 28105

CORPORATE OFFICERS

NAME	TITLE	ADDRESS	CITY	STATE	ZIP	Social Sec. No.	Birth Date
J. Robert Wren, Jr.	Secretary/General Counsel	7 Sunrise Point Lane	Lake Wylie	SC	29710	243-72-4748	6/18/1947
David Alexander	President	PO Box 1393	Matthews	NC	28106	409-06-3256	1/15/1957

ATTACHMENT
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