

**2006 LIMITED LIABILITY COMPANY
ANNUAL REPORT**

FILED
Mar 23, 2006 08:00 AM
Secretary of State

DOCUMENT # M01000002143

1. Entity Name
PFM ASSET MANAGEMENT LLC



Principal Place of Business

ONE KEYSTONE PLAZA
300
HARRISBURG, PA 17101

Mailing Address

TWO LOGAN SQUARE
18TH & ARCH STREETS, SUITE 1600
PHILADELPHIA, PA 19103



03142006No Chg-LLC

CR2E083 (11/05)

DO NOT WRITE IN THIS SPACE

4. FEI Number
23-3087064

Applied For
Not Applicable

5. Certificate of Status Desired ☐

\$5.00 Additional
Fee Required

6. Name and Address of Current Registered Agent

CORPORATION SERVICE COMPANY
1201 HAYS STREET
TALLAHASSEE, FL 32301-2525

**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

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

(NOTE: Registered Agent signature required when reinstating)

DATE

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

000000478418
04/08/06-80005-003 50.00

9. MANAGING MEMBERS/MANAGERS

TITLE	MGR
NAME	WHITE, F. JOHN
STREET ADDRESS	TWO LOGAN SQUARE, 18TH ARCH ST
CITY-ST-ZIP	PHILADELPHIA, PA 19103
TITLE	MGR
NAME	MARGOLIS, MARTIN
STREET ADDRESS	ONE KEYSTONE PLAZA #300
CITY-ST-ZIP	HARRISBURG, PA 17101
TITLE	MGR
NAME	GOODNIGHT, DEBORAH
STREET ADDRESS	ONE KEYSTONE PLAZA #300
CITY-ST-ZIP	HARRISBURG, PA 17101
TITLE	MGR
NAME	BOYLE, STEPHEN
STREET ADDRESS	TWO LOGAN SQUARE, 18TH ARCH ST
CITY-ST-ZIP	PHILADELPHIA, PA 19103
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

**DO NOT WRITE
IN THIS SPACE**

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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, OR AUTHORIZED REPRESENTATIVE

Date

Daytime Phone #