

# 2004 LIMITED LIABILITY COMPANY ANNUAL REPORT

**FILED**  
**May 25, 2004 8:00 am**  
**Secretary of State**

05-03-2004 90144 048 \*\*\*\*50.00

|   |   |         |   |   |   |
|---|---|---------|---|---|---|
| <b>DOCUMENT # M03000001575</b><br>1. Entity Name<br><b>PCA REAL ESTATE HOLDING CO., LLC</b>   |   |         |   |   |   |
| Principal Place of Business<br><b>11050 ROE AVE., STE. 200<br/>OVERLAND PARK, KS 66211-1216</b>   |   |         | Mailing Address<br><b>11050 ROE AVE., STE. 200<br/>OVERLAND PARK, KS 66211-1216</b> |   |   |
| 2. Principal Place of Business<br>Suite, Apt. #, etc.   |   |         | 3. Mailing Address<br>Suite, Apt. #, etc.   |   |   |
| City & State  |   |         | City & State  |   |   |
| Zip   |   | Country |   | Zip   |   |
| Country   |   | Country |   | 04222004 Chg-LLC CR2E083 (10/03)  |   |
| 4. FEI Number<br><b>APPLIED FOR</b>   |   |         |   | Applied For<br><input checked="" type="checkbox"/> Not Applicable   |   |
| 5. Certificate of Status Desired <input type="checkbox"/> \$5.00 Additional Fee Required  |   |         |   | 56-2357676  |   |
| 6. Name and Address of Current Registered Agent<br><br><b>MCINTOSH, ANDREW L<br/>101 E. KENNEDY BLVD., STE. 2000<br/>TAMPA, FL 33602</b>  |   |         |   | 7. Name and Address of New Registered Agent<br>Name<br>Street Address (P.O. Box Number is Not Acceptable)<br>City |   |
| 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.   |   |         |   | FL Zip Code   |   |
| SIGNATURE _____ (NOTE: Registered Agent signature required when renewing) DATE _____  |   |         |   |   |   |
| Filing Fee is \$50.00 Due by May 1, 2004  |   |         | Make check payable to Florida Department of State                                   |   |   |
| <b>9. MANAGING MEMBERS/MANAGERS</b>   |   |         |   | <b>10. ADDITIONS/CHANGES</b>  |   |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP  | MGRM<br>PRINCIPAL COMMERCIAL ACCEPTANCE, LLC<br>11050 ROE AVE., STE. 200<br>OVERLAND PARK, KS 662111216 |         |   | TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP  | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP  | <input type="checkbox"/> Delete   |         |   | TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP  | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP  | <input type="checkbox"/> Delete   |         |   | TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP  | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP  | <input type="checkbox"/> Delete   |         |   | TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP  | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP  | <input type="checkbox"/> Delete   |         |   | TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP  | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP  | <input type="checkbox"/> Delete   |         |   | TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP  | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| 11. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), 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 606, Florida Statutes. |   |         |   |   |   |
| SIGNATURE: <i>Richard A. Smith</i><br><small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE</small>  |   |         |   | 4/22/04 (913)339-6687<br><small>Date Daytime Phone #</small>  |   |