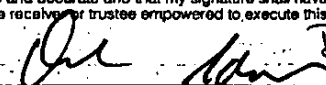


2005 LIMITED LIABILITY COMPANY ANNUAL REPORT

5 **FILED**
Jun 06, 2005 8:00 am
Secretary of State

05-13-2005 90047 029 ****50.00

DOCUMENT # M04000005602 1. Entity Name PEMC LLC, A NEVADA LIMITED LIABILITY COMPANY					
Principal Place of Business 1640 S. SEPULVEDA BLVD., SUITE 308 LOS ANGELES, CA 90025			Mailing Address 1640 S. SEPULVEDA BLVD., SUITE 308 LOS ANGELES, CA 90025		
2. Principal Place of Business Suite, Apt. #, etc.		3. Mailing Address Suite, Apt. #, etc.		95.4544929  02092005 Chg-LLC CR2E083 (10/03)	
City & State		City & State			
Zip		Zip			
Country		Country			
4. FEI Number APPLIED FOR				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	
7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City FL Zip Code				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 reappointing) _____ DATE _____					
Filing Fee is \$50.00 Due by May 1, 2005		Make check payable to Florida Department of State			
9. MANAGING MEMBERS/MANAGERS			10. ADDITIONS/CHANGES		
TITLE NAME STREET ADDRESS CITY - ST - ZIP	MGR PACIFIC EQUITIES GROUP, INC. 1640 S. SEPULVEDA BLVD., SUITE 308 LOS ANGELES, CA 90025	☐ Delete			
TITLE NAME STREET ADDRESS CITY - ST - ZIP		☐ Change ☐ Addition			
TITLE NAME STREET ADDRESS CITY - ST - ZIP		☐ Change ☐ Addition			
TITLE NAME STREET ADDRESS CITY - ST - ZIP		☐ Change ☐ Addition			
TITLE NAME STREET ADDRESS CITY - ST - ZIP		☐ Change ☐ Addition			
TITLE NAME STREET ADDRESS CITY - ST - ZIP		☐ Change ☐ Addition			
TITLE NAME STREET ADDRESS CITY - ST - ZIP		☐ Change ☐ 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 608, Florida Statutes.					
SIGNATURE:  David S. Rosen 4/28/05 310 472 5300					
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE Date Daytime Phone #					