

FILED Jun 13, 2005 8:00 am Secretary of State

04-20-2005 90027 025 \*\*\*\*50.00

2005 LIMITED LIABILITY COMPANY ANNUAL REPORT

**DOCUMENT # L04000047098**

1. Entity Name  
PGSF ENTERPRISES, LLC

Principal Place of Business  
4701 N. MERIDIAN AVENUE, SUITE 7450  
MIAMI BEACH, FL 33140

Mailing Address  
4701 N. MERIDIAN AVENUE, SUITE 7450  
MIAMI BEACH, FL 33140

2. Principal Place of Business  
3. Mailing Address

Suite, Apt. #, etc.  
City & State  
Zip Country

03232005 Chg-LLC CR2E063 (10/03)

A. 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  
KUTNER, ALAN  
4701 N. MERIDIAN AVENUE, SUITE 7450  
MIAMI BEACH, FL 33140

7. Name and Address of New Registered Agent

Name  
Street Address (P.O. Box Number is Not Acceptable)  
City FL Zip Code

B. 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 \_\_\_\_\_ Date \_\_\_\_\_  
Signature, typed or printed name of registered agent and fee if applicable. (NOTE: Registered Agent Signature required when rechartering)

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-STATE-ZIP	MGR KUTNER, ALAN 4701 N. MERIDIAN AVENUE, SUITE 7450 MIAMI BEACH, FL 33140 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-STATE-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-STATE-ZIP	MGR RADICK, JASON 4701 N. MERIDIAN AVENUE, SUITE 7450 MIAMI BEACH, FL 33140 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-STATE-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-STATE-ZIP	MGR COHEN, JANE 4701 N. MERIDIAN AVENUE, SUITE 7450 MIAMI BEACH, FL 33140 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-STATE-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-STATE-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-STATE-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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11. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(k), 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: \_\_\_\_\_ Date: 5/12/05

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

30009268

