2007 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L06000009311

Entity Name: PGP/FRANCHINO LLC

13755 FLAGSTAFF AVE.

APPLE VALLEY, MN 55324

Address:

City-St-Zip:

FILED May 01, 2007 Secretary of State

Current Principal Place of Business: New Principal Place of Business: 833 W. TRENTON AVE. SUITE 4 MORRRISVILLE, PA 19067 **New Mailing Address: Current Mailing Address:** 833 W. TRENTON AVE. SUITE 4 MORRRISVILLE, PA 19067 FEI Number: 20-4221101 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired () In accordance with s. 607.193(2)(b), F.S., the limited liability company did not receive the prior notice. Name and Address of Current Registered Agent: Name and Address of New Registered Agent: CORPDIRECT AGENTS, INC. CASTALDO, ANTHONY 515 EAST PARK AVE 10449 WASHINGTONIA PALM WAY 3212 TALLAHASSEE, FL 32301 US FT MYERS, FL 33966 US 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. SIGNATURE: ANTHONY CASTALDO 05/01/2007 Electronic Signature of Registered Agent Date MANAGING MEMBERS/MANAGERS: ADDITIONS/CHANGES: MGRM Title: () Change () Addition () Delete SCHAUTZ, JOHN Name: Name: 126 PONDEROSA DRIVE Address: Address: City-St-Zip: HOLLAND, PA 18966 City-St-Zip: Title: MGRM () Delete Title: () Change () Addition DREYER, EDWARD Name: Name: Address: 437 GOLDEN GATE DRIVE Address: City-St-Zip: RICHBORO, PA 18954 City-St-Zip: Title: MGRM () Delete Title: () Change () Addition DAVIS, WAYNE Name: Name: 2319 EAST VINE STREET Address: Address: City-St-Zip: HATFIELD, PA 19440 City-St-Zip: () Delete Title: MGRM Title: () Change () Addition FRANCHINO, ROBERT Name: Name: 13755 FLAGSTAFF AVE. Address: Address: City-St-Zip: APPLE VALLEY, MN 55324 City-St-Zip: Title: MGRM () Delete Title: () Change () Addition FRANCHINO, LISA Name: Name:

I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Chapter 119, Florida Statutes. I further certify that the information indicated on this report is true and accurate and that my electronic 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.

Address:

City-St-Zip:

SIGNATURE: JOHN SCHAUTZ MGRM 05/01/2007