

**2007 LIMITED LIABILITY COMPANY ANNUAL REPORT**

**FILED**  
**Mar 07, 2007 8:00 am**  
**Secretary of State**

03-07-2007 90214 012 \*\*\*\*50.00

DOCUMENT # L01000009118

1. Entity Name  
 P.S. MCGREGOR, LLC



Principal Place of Business  
 8801 SPRINGWOOD COURT  
 BONITA SPRINGS, FL 34135

Mailing Address  
 8801 SPRINGWOOD COURT  
 BONITA SPRINGS, FL 34135

2. Principal Place of Business - No P.O. Box #  
 27281 Tennessee Street  
 Suite, Apt. #, etc.

3. Mailing Address  
 P.O. Box 2403  
 Suite, Apt. #, etc.

City & State  
 Bonita Springs, FL

City & State  
 Bonita Springs, FL

Zip  
 34135

Country  
 USA

Zip  
 34133-2403

Country  
 USA



01032007 Chg-LLC CR2E083 (12/06)

6. Name and Address of Current Registered Agent

MCGREGOR, PAMELA S  
 8801 SPRINGWOOD COURT  
 BONITA SPRINGS, FL 34135

4. FEI Number  
 03-0408817

Applied For  
 Not Applicable

5. Certificate of Status Desired  \$5.00 Additional Fee Required

7. Name and Address of New Registered Agent

Name

Street Address (P.O. Box Number is Not Acceptable)  
 27281 Tennessee Street

City  
 Bonita Springs

FL

Zip Code  
 34135

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 Pamela S. McGregor Pamela S. McGregor, MGRM 3/1/07  
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, 2007**

**Make check payable to Florida Department of State**

9. MANAGING MEMBERS/MANAGERS		10. ADDITIONS/CHANGES	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM MCGREGOR, PAMELA S 8801 SPRINGWOOD COURT BONITA SPRINGS, FL 34135 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition 27281 Tennessee Street Bonita Springs, FL 34135
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGR MCGREGOR, WILLIAM S 8801 SPRINGWOOD COURT BONITA SPRINGS, FL 34135 <input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS 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 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: Pamela S. McGregor Pamela S. McGregor MGRM 3/1/07 (239)293-2491  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE Date Daytime Phone #