2004 LIMITED LIABILITY COMPANY ANNUAL REPORT (AR)

FILED Mar 24, 2004 8:00 am Secretary of State

1. Entity Name	.020		03-02-2004 90143 033 ****50.00
P.G. ENTERPRISE LLC			
Principal Place of Business	Mailing Address		-
11701 S.W. 146TH PLACE DUNNELLON FL 34432	11701 S.W. 146TH PLA DUNNELLON FL 34432	ACE ?	
2. Principal Place of Business	3. Mailing Address		
Suite, Apt, #, etc.	Suite, Apt. #, etc.		# 80 - MOORE - GB2E083_(11/03)
City & State	City & State		4. FEI Number AP-PLIED FOR Applied For Not Applicable
Zip Country	Zip	Country	Certificate of Status Desired
6. Name and Address of Cur	rent Registered Agent		7. Name and Address of New Registered Agent
LAMOTHE, FERNAND		Name .	
1401-DEWEY STREET		Street Addres	s (P.O. Box Number is Not Acceptable)
HOLLYWOOD FL 33020			
		City	FL Zip Code
 The above named entity submits this statement the obligations of registered agent. 	nt for the purpose of changing its	registered office or regis	stered agent, or both, in the State of Florida. I am familiar with, and accept
SIGNATURE Signature, typed or printed name of registered			
Signature, typed or printed name of registered	CALLED TOTAL PROPERTY.	Registered Agent agnature requi	Property Property Colored
	Make Check Payabl	OW!!! FEE IS \$50.0 e to Florida Departn By May 1, 2004	(A) [1] [1] [1] [1] [1] [1] [1] [1] [1] [1]
· 	MBERS/MANAGERS	10.	ADDITIONS/CHANGES
TITLE MGR NAME GRENIER, PIERRE STREET ADDRESS 11701 S.W. 146TH PLACE CITY-ST-ZIP DUNNELLON FL 34432	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
TITLE DOWNLESS TE SAUSE	Delete	TITLE	☐ Change ☐ Addition
NAME STREET ADDRESS CITY-ST-ZIP		NAME STREET ADDRESS CITY-ST-ZIP	— · · · —
ITILE	☐ Delete .	mr.	Change Addition
NALTE STREET ADDRESS CITY-ST-ZIP		NAME_ STREET ADDRESS CITY_ST_ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZP	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
TITLE	☐ Delete	TITLE NAME	☐ Change ☐ Addition
STREET ADDRESS CITY-ST- ZIP		STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET.ADDRESS CITY-ST-ZIP	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
indicated on this report is true and accurate limited liability company or the receiver or tr	and that my signature shall have rustee empowered to execute this :	the same legal effect as report as required by Ch	Section 119.07(3)(i), Florida Statutes. I further certify that the information if made under oath; that I am a managing member or manager of the napter 608, Florida Statutes. 6. 02-27-04 352-86/-7160