

# 2006 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L02000002626

Entity Name: P.G. ENTERPRISE LLC

FILED  
May 19, 2006  
Secretary of State

## Current Principal Place of Business:

910 SE 160TH STREET  
SUMMERFIELD, FL 34491

## New Principal Place of Business:

11701 SW 146TH PLACE  
DUNNELLON, FL 34432

## Current Mailing Address:

910 SE 160TH STREET  
SUMMERFIELD, FL 34491

## New Mailing Address:

11701 SW 146TH PLACE  
DUNNELLON, FL 34432

FEI Number: 80-0038285      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:

ALEXANDRE, DIXON  
2800 W OAKLAND PARK BLVD. #107  
OAKLAND PARK, FL 33311 US

## Name and Address of New Registered Agent:

ALEXANDRE, DIXON  
2800 W OAKLAND PARK BLVD. #107  
OAKLAND PARK, FL 33311 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: DIXON ALEXANDRE

05/19/2006

Electronic Signature of Registered Agent

Date

## MANAGING MEMBERS/MANAGERS:

Title: MGR ( ) Delete  
Name: GRENIER, PIERRE  
Address: 910 SE 160TH STREET  
City-St-Zip: SUMMERFIELD, FL 34491

## ADDITIONS/CHANGES:

Title: MGR (X) Change ( ) Addition  
Name: GRENIER, PIERRE  
Address: 11701 SW 146TH PLACE  
City-St-Zip: DUNNELLON, FL 34432

I hereby certify that the information supplied with this filing does not qualify for the 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.

SIGNATURE: PIERRE GRENIER

MGR

05/19/2006

Electronic Signature of Signing Managing Member, Manager, or Authorized Representative / Date