

**2005 LIMITED LIABILITY COMPANY  
ANNUAL REPORT**

DOCUMENT # L03000008641

1. Entity Name  
PGS LLC



Principal Place of Business  
3160 WEST BEAVER STREET  
JACKSONVILLE, FL 32254

Mailing Address  
3160 WEST BEAVER STREET  
JACKSONVILLE, FL 32254

**DO NOT WRITE IN THIS SPACE**

**FILED**  
**Feb 10, 2005 08:00 AM**  
**Secretary of State**



01142005 No Chg-LLC

CR2E083 (10/03)

4. FEI Number  
20-0597486

Applied For  
Not Applicable

5. Certificate of Status Desired



**\$5.00** Additional  
Fee Required

**6. Name and Address of Current Registered Agent**

SEVERT, PATRICIA K  
3304 COASTAL HIGHWAY  
ST. AUGUSTINE, FL 32084

**DO NOT WRITE  
IN THIS SPACE**

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

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, 2005**

**9. MANAGING MEMBERS/MANAGERS**

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
MGRM  
SEVERT, PATRICIA  
3304 COASTAL HIGHWAY  
ST. AUGUSTINE, FL 32084

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

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TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

000000224242  
02/10/05-80079-002 50.00

**DO NOT WRITE  
IN THIS SPACE**

11. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), 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: Patricia K. Severt Patricia K. Severt 2-7-05 (904) 388-8516