2007 LIMITED LIABILITY COMPANY ANNUAL REPORT

DO NOT WRITE IN THIS SPACE

DOCUMENT # L03000010094

1. Entity Name P&G, LLC



FILED May 02, 2007 08:00 A Secretary of State

Principal Place of Business

Mailing Address

9090 SOUTH DADELAND BOULEVARD MIAMI, FL 33156

9090 SOUTH DADELAND BOULEVARD MIAMI, FL 33156



01082007 No Chg-LLC

CR2E083 (11/05)

| 4. | FEI Number 35-2199963 |
|----|--------------------------|
| | |

Applied For Not Applicable

5. Certificate of Status Desired

\$5.00 Additional Fee Required

6. Name and Address of Current Registered Agent

MARSHALL R. PASTERNACK, P.A. 200 SOUTH BISCAYNE BOULEVARD, SUITE 2500 MIAMI, FL 33131

DO NOT WRITE IN THIS SPACE

| | The above named entity submits this statement for the purpose of changing the abligations of registered agent. | ng its registered office or registered agent, or both, in the State of Flori | da. I am familiar with, and accept | |
|-----------|--|--|------------------------------------|--|
| SIGNATURE | | | | |
| | Signature, typed or printed name of registered agent and fille if applicable | (NOTE Registered Agent suggesture required when reinstating) | DATE | |

Filing Fee Is \$50.00 Due by May 1, 2007

U00000757567 05/23/07-80075-019 50.00

| 9. | MANAGING MEMBERS/MANAGERS |
|--|--|
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | MGRM PULENTA, LUIS A 9090 SOUTH DADELAND BLVD MIAMI, FL 33156 |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | MGRM GLAS, RICARDO 9090 SOUTH DADELAND BLVD MIAMI, FL 33156 |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | |
| 11TLE NAME STREET ADDRESS CITY-ST-ZIP | |
| 11TLE NAME STREET ADDRESS CITY-ST-ZIP | |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | |
| | and the second of the second o |

DO NOT WRITE IN THIS SPACE

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 flability company or the receiver or trustee improvement to execute this report as required by Chapter 608, Florida Statutes.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, OR AUTHORIZED REPRESENTATIVE

Date

Daytime Phone •