

# 2005 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L03000011661

Entity Name: P.G. LEASING, L.C.

FILED  
Sep 06, 2005  
Secretary of State

**Current Principal Place of Business:**

2704 HIBISCUS CT.  
PUNTA GORDA, FL 33950

**New Principal Place of Business:**

**Current Mailing Address:**

C/O DAVID A. HOLMES, FARR, FARR  
POST OFFICE DRAWER 511447  
PUNTA GORDA, FL 339511447

**New Mailing Address:**

C/O DAVID A. HOLMES, FARR, FARR  
99 NESBIT STREET  
PUNTA GORDA, FL 33950

FEI Number:                      FEI Number Applied For (X)                      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:**

HOLMES, DAVID A ESQ  
FARR, FARR, EMERICH, SIFRIT, ET AL  
99 NESBIT ST.  
PUNTA GORDA, FL 339503636 US

**Name and Address of New Registered Agent:**

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: \_\_\_\_\_

Electronic Signature of Registered Agent

\_\_\_\_\_ Date

**MANAGING MEMBERS/MANAGERS:**

Title: MGR ( ) Delete  
Name: PALMER, RICHARD D JR  
Address: 2704 HIBISCUS CT  
City-St-Zip: PUNTA GORDA, FL 33950

**ADDITIONS/CHANGES:**

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the 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 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: RICHARD D. PALMER, JR.

MGR

09/06/2005

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