

2005 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Apr 08, 2005 8:00 am
Secretary of State

04-08-2005 90279 014 ****50.00

DOCUMENT # L03000024400					
1. Entity Name PRG DEVELOPMENT, LLC					
Principal Place of Business 1301 RIVERPLACE BLVD., SUITE 2330 JACKSONVILLE, FL 32207			Mailing Address 1301 RIVERPLACE BLVD., SUITE 2330 JACKSONVILLE, FL 32207		
2. Principal Place of Business 10739 Deerwood Park Blvd. Suite, Apt. #, etc. Suite 103		3. Mailing Address 10739 Deerwood Park Blvd. Suite, Apt. #, etc. Suite 103		20028387 	
City & State Jacksonville, Florida		City & State Jacksonville, Florida		4. FEI Number 20-0074098	
Zip 32256		Country USA		5. Certificate of Status Desired <input type="checkbox"/> \$5.00 Additional Fee Required	
6. Name and Address of Current Registered Agent RAX CO. 50 NORTH LAURA STREET, SUITE 3300 JACKSONVILLE, FL 32202			7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City FL Zip Code		
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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____					
Filing Fee is \$50.00 Due by May 1, 2005		Make check payable to Florida Department of State			
9. MANAGING MEMBERS/MANAGERS			10. ADDITIONS/CHANGES		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGR PRG DEVELOPMENTS, INC. 1301 RIVERPLACE BLVD., SUITE 2330 JACKSONVILLE, FL 32207	<input type="checkbox"/> Delete <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	10739 Deerwood Park Blvd., Suite 103 Jacksonville, Florida 32256	<input type="checkbox"/> Change <input type="checkbox"/> Addition			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	<input type="checkbox"/> Change <input type="checkbox"/> Addition			
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TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	<input type="checkbox"/> Change <input type="checkbox"/> Addition			
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: 		Ladson F. Montgomery		4-5-05 904 399-5222	
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE		Date		Daytime Phone #	