2005 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Jul 11, 2005 8:00 am
Secretary of State

05-18-2005 90244 005 ****50.00
07-11-2005 90048 001 ****50.00
07-11-2005 90048 002 *****5.00

30009990

07012005 Chg-LLC CR2E083 (10/03)

DOCUMENT # L04000002650

1. Entity Name
P&L REAL ESTATE DEVELOPMENT, LLC

Principal Place of Business	Mailing Address
208 ACADIA TERRACE CELBRATION, FL 34747	208 ACADIA TERRACE CELBRATION, FL 34747

2. Principal Place of Business		3. Mailing Address	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State		City & State	
Zip	Country	Zip	Country

4. FEI Number: 76-0748618 ☐ Applied For ☐ Not Applicable

5. Certificate of Status Desired ☒ $5.00 Additional Fee Required

6. Name and Address of Current Registered Agent

PIFER, JEFFREY
208 ACADIA TERRACE
CELBRATION, FL 34747

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 ______________________________
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 September 7, 2005

Make check payable to Florida Department of State

9. MANAGING MEMBERS/MANAGERS			10. ADDITIONS/CHANGES		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM PIFER, JEFFREY 208 ACADIA TERRACE CELBRATION, FL 34747	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM LORENZO, EDWARD 611 TRUMPET PLAACE CELBRATION, FL 34747	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Change ☐ Addition
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TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Change ☐ 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: Jeffrey W. Pifer Jeffrey W. Pifer 7-6-2005 407-247-9412
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE — Date — Daytime Phone #

01/14/2004 12:44 FAX 7172375300 McNees Wallace & Nurick

01/13/04 TUE 15:56 FAX 002

EIN = FEI ??

* COPY FOR ATTACHMENT to Variation 300099[illegible]

L0700006285 0

Form **SS-4** (Rev. December 2001)
Department of the Treasury
Internal Revenue Service

Application for Employer Identification Number

(For use by employers, corporations, partnerships, trusts, estates, churches, government agencies, Indian tribal entities, certain individuals, and others.)

▶ See separate instructions for each line. ▶ Keep a copy for your records.

EIN 76-0748618

OMB No. 1545-0003

Type or print clearly.

1 Legal name of entity (or individual) for whom the EIN is being requested
PGL Real Estate Development, LLC

2 Trade name of business (if different from name on line 1)

3 Executor, trustee, "care of" name

4a Mailing address (room, apt., suite no. and street, or P.O. box)
208 Acadia Terrace

5a Street address (if different) (Do not enter a P.O. box.)

4b City, state, and ZIP code
Celebration, FL 34747

5b City, state, and ZIP code

6 County and state where principal business is located
Osceola, Florida

7a Name of principal officer, general partner, grantor, owner, or trustor
Jeffrey Pifer

7b SSN, ITIN, or EIN
205-60-7529

8a Type of entity (check only one box)

- [ ] Sole proprietor (SSN) _____
- [X] Partnership
- [ ] Corporation (enter form number to be filed) ▶ _____
- [ ] Personal service corp.
- [ ] Church or church-controlled organization
- [ ] Other nonprofit organization (specify) ▶ _____
- [ ] Other (specify) ▶
- [ ] Estate (SSN of decedent) _____
- [ ] Plan administrator (SSN) _____
- [ ] Trust (SSN of grantor) _____
- [ ] National Guard
- [ ] Farmers' cooperative
- [ ] REMIC
- [ ] State/local government
- [ ] Federal government/military
- [ ] Indian tribal governments/enterprises

Group Exemption Number (GEN) ▶ _____

8b If a corporation, name the state or foreign country (if applicable) where incorporated — State: _____ Foreign country: _____

9 Reason for applying (check only one box)

- [X] Started new business (specify type) ▶ LLC
- [ ] Hired employees (Check the box and see line 12.)
- [ ] Compliance with IRS withholding regulations
- [ ] Other (specify) ▶
- [ ] Banking purpose (specify purpose) ▶ _____
- [ ] Changed type of organization (specify new type) ▶ _____
- [ ] Purchased going business
- [ ] Created a trust (specify type) ▶ _____
- [ ] Created a pension plan (specify type) ▶ _____

10 Date business started or acquired (month, day, year)
1/9/04

11 Closing month of accounting year
December

12 First date wages or annuities were paid or will be paid (month, day, year). Note: *If applicant is a withholding agent, enter date income will first be paid to nonresident alien.* (month, day, year) ▶

13 Highest number of employees expected in the next 12 months. Note: *If the applicant does not expect to have any employees during the period, enter "-0-"* ▶ Agricultural: _____ Household: _____ Other: _____

14 Check one box that best describes the principal activity of your business.

- [ ] Construction
- [ ] Rental & leasing
- [ ] Transportation & warehousing
- [ ] Health care & social assistance
- [ ] Accommodation & food service
- [ ] Wholesale-agent/broker
- [ ] Wholesale-other
- [ ] Retail
- [X] Real estate
- [ ] Manufacturing
- [ ] Finance & insurance
- [ ] Other (specify)

15 Indicate principal line of merchandise sold; specific construction work done; products produced; or services provided.
Ownership/management/sale of properties

16a Has the applicant ever applied for an employer identification number for this or any other business? [ ] Yes [X] No
Note: *If "Yes," please complete lines 16b and 16c.*

16b If you checked "Yes" on line 16a, give applicant's legal name and trade name shown on prior application if different from line 1 or 2 above.
Legal name ▶ _____ Trade name ▶ _____

16c Approximate date when, and city and state where, the application was filed. Enter previous employer identification number if known.
Approximate date when filed (mo., day, year) _____ City and state where filed _____ Previous EIN _____

Third Party Designee

Complete this section only if you want to authorize the named individual to receive the entity's EIN and answer questions about the completion of this form.

Designee's name: Betsy A. Ruth, McNees Wallace & Nurick LLC
Designee's telephone number (include area code): (717)237-5442
Address and ZIP code: 100 Pine St., P.O. Box 1166, Harrisburg, PA 17108-1166
Designee's fax number (include area code): (717)237-5300

Under penalties of perjury, I declare that I have examined this application, and to the best of my knowledge and belief, it is true, correct, and complete.

Name and title (type or print clearly) ▶ Jeffrey Pifer, Managing Member
Applicant's telephone number (include area code): 407-566-8362

Signature ▶ Jeffrey W. Pifer Date ▶ 1/13/04
Applicant's fax number (include area code):

For Privacy Act and Paperwork Reduction Act Notice, see separate instructions. Form SS-4 (Rev. 12-2001)

Cat. No. 16055J