


2006 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Apr 11, 2006 8:00 am
Secretary of State

04-11-2006 90016 020 ****50.00

DOCUMENT # L04000003055					
1. Entity Name PAG GROVELAND, LLC					
Principal Place of Business 101 E. KENNEDY BLVD. SUITE 3300 TAMPA, FL 33602			Mailing Address 101 E. KENNEDY BLVD. SUITE 3300 TAMPA, FL 33602		
2. Principal Place of Business		3. Mailing Address			
Suite, Apt. #, etc.		Suite, Apt. #, etc.			
City & State		City & State			
Zip		Country		Zip	
6. Name and Address of Current Registered Agent				7. Name and Address of New Registered Agent	
PRATT, KATHLEEN M C/O SACHS SAX KLEIN 301 YAMATO ROAD, SUITE 4150 BOCA RATON, FL 33431				Name Vincent C. Manopoli Street Address (P.O. Box Number is Not Acceptable) 350 Camino Gardens Blvd. Suite 102 City Boca Raton FL Zip Code 33432	
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 <u><i>Vincent C. Manopoli</i></u> Vincent C. Manopoli, Manager				DATE 4/3/06	
Filing Fee is \$50.00 Due by May 1, 2006				Make check payable to Florida Department of State	
9. MANAGING MEMBERS/MANAGERS				10. ADDITIONS/CHANGES	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	MGR MANOPOLI, VINCENT C % 301 YAMATO ROAD, SUITE 4150 BOCA RATON, FL 33431	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition 350 Camino Gardens Blvd Ste 102 Boca Raton, FL 33432
TITLE NAME STREET ADDRESS CITY - ST - ZIP		<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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TITLE NAME STREET ADDRESS CITY - ST - ZIP		<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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 liability company or the receiver or trustee empowered to execute this report as required by Chapter 608, Florida Statutes.					
SIGNATURE: <u><i>Vincent C. Manopoli</i></u> Vincent C. Manopoli				DATE 4/3/06 DAYTIME PHONE # (561) 393-8115	