


**2007 LIMITED LIABILITY COMPANY
ANNUAL REPORT**

FILED
Jan 09, 2007 08:00 AM
Secretary of State

DOCUMENT # L04000037820	
1. Entity Name PROPERTY ACQUISITION GROUP, LLC	

Principal Place of Business 9130 S DADELAND BLVD., SUITE 1101 MIAMI, FL 33156	Mailing Address 9130 S DADELAND BLVD., SUITE 1101 MIAMI, FL 33156
---	---



01042007 No Chg-LLC CR2E083 (11/05)

DO NOT WRITE IN THIS SPACE

4. FEI Number 20-1154810	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/> \$5.00 Additional Fee Required	

6. Name and Address of Current Registered Agent LAMCHICK, BRUCE 9130 S DADELAND BLVD., SUITE 1101 MIAMI, FL 33156
--

DO NOT WRITE IN THIS SPACE

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 reappointing) DATE _____
Signature, typed or printed name of registered agent and title if applicable

**Filing Fee is \$50.00
Due by May 1, 2007**

9. MANAGING MEMBERS/MANAGERS	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	MGR BILOCHIK, WARREN 9130 S DAELAND BLVD #1101 MIAMI, FL 33156
TITLE NAME STREET ADDRESS CITY - ST - ZIP	MGR LAMCHICK, BRUCE 9130 S DAELAND BLVD #1101 MIAMI, FL 33156
TITLE NAME STREET ADDRESS CITY - ST - ZIP	MGR IGLESIAS, LAZARO 9130 S DAELAND BLVD #1101 MIAMI, FL 33156
TITLE NAME STREET ADDRESS CITY - ST - ZIP	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	

<p>U000000580180 01/10/07-80037-007 50.00</p> <p>DO NOT WRITE IN THIS SPACE</p>
--

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:  _____
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, OR AUTHORIZED REPRESENTATIVE Date Daytime Phone #