


**2006 LIMITED LIABILITY COMPANY
ANNUAL REPORT**

FILED
Feb 06, 2006 08:00 AM
Secretary of State

DOCUMENT # L04000041629 1. Entity Name P & G, L.L.C.	
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Principal Place of Business 113 ST. JAMES AVE. CARRABELLE, FL 32322	Mailing Address P.O. BOX 823 CARRABELLE, FL 32322
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DO NOT WRITE IN THIS SPACE



02022006No Chg-LLC

CR2E083 (11/05)

4. FEI Number 74-3123482	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input checked="" type="checkbox"/>	\$5.00 Additional Fee Required

6. Name and Address of Current Registered Agent

**CRUM, WILLIAM P
5280 IRA L SMITH RD
GREENVILLE, FL 32331**

**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 _____
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 May 1, 2006**

9. MANAGING MEMBERS/MANAGERS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM CRUM, SHARON 5280 IRA L SMITH RD GREENVILLE, FL 32331
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM CRUM, WILLIAM P 5280 IRA L SMITH ROAD GREENVILLE, FL 32331
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02/17/06-80042-011 55.00

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 603, Florida Statutes.

SIGNATURE: William P. Crum William P. Crum 2-2-06 850-697-5111
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, OR AUTHORIZED REPRESENTATIVE Date Daytime Phone #