

**2007 LIMITED LIABILITY COMPANY  
ANNUAL REPORT**

**FILED**  
**Jan 25, 2007 08:00 AM**  
**Secretary of State**

<b>DOCUMENT # L04000055497</b>	
1. Entity Name PM PROPERTY GROUP, LLC	
Principal Place of Business 810 WEST WENTWORTH STREET ENGLEWOOD, FL 34223	Mailing Address 810 WEST WENTWORTH STREET ENGLEWOOD, FL 34223



01222007No Chg-LLC

CR2E083 (11/05)

**DO NOT WRITE IN THIS SPACE**

4. FEI Number 59-1218380	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**

WILLIAMS, ROBERT L  
209 S. NASSAU STREET, SUITE 101  
VENICE, FL 34285

**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, 2007**

U00000604407  
01/29/07-80052-015 50.00

**9. MANAGING MEMBERS/MANAGERS**

TITLE	MGRM
NAME	POPE, CAROLYN L
STREET ADDRESS	810 WEST WENTWORTH STREET
CITY-ST-ZIP	ENGLEWOOD, FL 34223

TITLE	MGRM
NAME	MOON, ISABEL
STREET ADDRESS	1440 KEYWAY RD.
CITY-ST-ZIP	ENGLEWOOD, FL 34223

TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

TITLE	
NAME	
STREET ADDRESS	
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TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

**DO NOT WRITE  
IN THIS SPACE**

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

1/22/07 941-475-6766

Date

Daytime Phone #