


**2008 LIMITED LIABILITY COMPANY
ANNUAL REPORT**

FILED
Apr 23, 2008 08:00 AM
Secretary of State

DOCUMENT # L04000055497 1. Entity Name PM PROPERTY GROUP, LLC	
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Principal Place of Business 810 WEST WENTWORTH STREET ENGLEWOOD, FL 34223	Mailing Address 810 WEST WENTWORTH STREET ENGLEWOOD, FL 34223
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DO NOT WRITE IN THIS SPACE



03272008No Chg-LLC

CR2E083 (12/07)


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:  CAROLYN L. POPE 4-18-08
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE


FILE NOW!!! FEE IS \$138.75
After May 1, 2008 Fee will be \$538.75

9. MANAGING MEMBERS/MANAGERS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM POPE, CAROLYN L 810 WEST WENTWORTH STREET ENGLEWOOD, FL 34223
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM MOON, ISABEL 1440 KEYWAY RD. ENGLEWOOD, FL 34223
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05/13/08-80028-024 138.75

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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:  CAROLYN L. POPE 4-18-08 941-475-6746
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, OR AUTHORIZED REPRESENTATIVE Date Daytime Phone #