## 2005 LIMITED LIABILITY COMPANY ANNUAL REPORT

## Jan 27, 2005 8:00 am Secretary of State **DOCUMENT # L04000058832** 01-27-2005 90078 023 \*\*\*\*50 00 D & G INVESTMENT GROUP OF PCB, LLC Principal Place of Business Mailing Address 20004328 3610 W. O'HENRY DR. 3610 W. O'HENRY DR. PANAMA CITY BEACH, FL 32408 PANAMA CITY BEACH, FL 32408 2. Principal Place of Business 3. Mailing Address Suite, Apt, #, etc. Suite, Apt. #, etc 01152005 Chg-LLC CR2E083 (10/03) City & State City & State 4. FEI Number Applied For Not Applicable Zip Country Zip Country \$5.00 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent Name DUNNIGAN, DENNIS M SR. Street Address (P.O. Box Number is Not Acceptable) 3610 W. O'HENRY DR. PANAMA CITY BEACH, FL 32408 City Zip Code 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 Spart of D Filing Fee Is \$50.00 Due by May 1, 2005 Make check payable to 1540 Florida Department of State 1757 MANAGING MEMBERS/MANAGERS 10. ADDITIONS/CHANGES 9. MGRM TITLE ☐ Addition TITLE Delete ☐ Change DUNNIGAN, DENNIS M SR. NAME NAME STREET ADDRESS 3610 W. O'HENRY DR. STREET ADDRESS CITY-ST-ZIP PANAMA CITY BEACH, FL 32408 CITY-ST-ZIP MGRM TITLE TITLE ☐ Change ■ Addition ☐ Delete GAY, CHRISTOPHER A NAME NAME STREET ADDRESS 525 DOLPHIN DR. STREET ADDRESS CITY-ST-ZIP PANAMA CITY BEACH, FL 32413 CITY-ST-ZIP TITLE ☐ Delete TITLE ☐ Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE Change Addition ☐ Delete TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP 41/95 Change Addition ☐ Defete TITLE TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP Change ☐ Addition ☐ Delete THLE TiTLE NAME NAME STREET ADDRESS STREET ADDRESS

11. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), 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.

CITY-ST-ZIP

SIGNATURE: BER, MANAGER, OR AUTHORIZED REPRESENTATIVE

CITY-ST-ZIP

**FILED**