


**2007 LIMITED LIABILITY COMPANY  
ANNUAL REPORT**

**FILED**  
**Feb 15, 2007 08:00 AM**  
**Secretary of State**

<b>DOCUMENT # L04000072354</b> 1. Entity Name P & N, LLC	
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Principal Place of Business 4950 GOLDEN GATE PARKWAY NAPLES, FL 34116	Mailing Address 4950 GOLDEN GATE PARKWAY NAPLES, FL 34116
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02052007 No Chg-LLC

CR2E083 (11/05)

**DO NOT WRITE IN THIS SPACE**

4. FEI Number 20-1705800	Applied For Not Applicable
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5. Certificate of Status Desired <input type="checkbox"/>	<b>\$5.00</b> Additional Fee Required
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<b>6. Name and Address of Current Registered Agent</b>  MAHER, ELLEN S 1100 5TH AVENUE SOUTH, SUITE 301 NAPLES, FL 34102
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<b>DO NOT WRITE IN THIS SPACE</b>
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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 _____ <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)</small>	DATE _____
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**Filing Fee is \$50.00  
Due by May 1, 2007**

UD00000637273  
02/26/07-80053-025 50.00

9. MANAGING MEMBERS/MANAGERS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM PIIPPONEN, JEFFREY A 4950 GOLDEN GATE PARKWAY NAPLES, FL 34116
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM NEIDIGH, SAMUEL R 4950 GOLDEN GATE PARKWAY NAPLES, FL 34116
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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:  Jeffrey A. Piipponen	Date: 2/12/07	Daytime Phone #: 239 455 1084
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