

2005 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Apr 28, 2005 8:00 am
Secretary of State

04-28-2005 90031 004 ****50.00

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|---|---|--|---|---|---|
| DOCUMENT # L04000087530 1. Entity Name PGCC FOUR INVESTMENT GROUP, L.L.C. | | | | | |
| Principal Place of Business 7809 W. COMMERCIAL BLVD TAMARAC, FL 33351 | | | Mailing Address 7809 W. COMMERCIAL BLVD TAMARAC, FL 33351 | | |
| 2. Principal Place of Business Suite, Apt. #, etc. | | 3. Mailing Address 5944 CORAL RIDGE DR # 205 | | | |
| City & State | | City & State CORAL SPRINGS, FL | | 4. FEI Number 20-1949570 | |
| Zip | Country | Zip 33076 | Country BROWARD | 5. Certificate of Status Desired <input type="checkbox"/> \$5.00 Additional Fee Required | |
| 6. Name and Address of Current Registered Agent GOBER, GEORGE L 7809 W. COMMERCIAL BLVD TAMARAC, FL 33351 | | | | 7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City FL Zip Code | |
| 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) DATE</small> | | | | | |
| Filing Fee is \$50.00 Due by May 1, 2005 | | | Make check payable to Florida Department of State | | |
| 9. MANAGING MEMBERS/MANAGERS | | | | 10. ADDITIONS/CHANGES | |
| TITLE NAME STREET ADDRESS CITY - ST - ZIP | YOLANDA DE PAZO / MGR <input type="checkbox"/> Delete 5944 CORAL RIDGE DRIVE #205 CORAL SPRINGS, FL 33076 | | | TITLE NAME STREET ADDRESS CITY - ST - ZIP | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| TITLE NAME STREET ADDRESS CITY - ST - ZIP | MBR GRACIELA M. MARTINEZ DE HAZZETTA <input type="checkbox"/> Delete 5944 CORAL RIDGE DRIVE #205 CORAL SPRINGS, FL 33076 | | | TITLE NAME STREET ADDRESS CITY - ST - ZIP | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| TITLE NAME STREET ADDRESS CITY - ST - ZIP | CARLOS A. COIRA / MGR <input type="checkbox"/> Delete 5944 CORAL RIDGE DR. #205 CORAL SPRINGS, FL 33076 | | | TITLE NAME STREET ADDRESS CITY - ST - ZIP | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| TITLE NAME STREET ADDRESS CITY - ST - ZIP | GEORGE L. GOBER / MGR <input type="checkbox"/> Delete 7809 W. COMMERCIAL BLVD CORAL SPRINGS, FL 33076 | | | TITLE NAME STREET ADDRESS CITY - ST - ZIP | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| TITLE NAME STREET ADDRESS CITY - ST - ZIP | <input type="checkbox"/> Delete | | | TITLE NAME STREET ADDRESS CITY - ST - ZIP | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
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| 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. | | | | | |
| SIGNATURE: YOLANDA DE PAZO. 4-24-2005 9547268866 | | | | | |
| SIGNATURE AND TYPE OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE | | | | Date Daytime Phone # | |