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Jun 26, 2006 8:00 am
Secretary of State
06-26-2006 90272 030 ****55.00

2006 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT # L05000005454

1. Entity Name
P2 CAPITAL GROUP, LLC

400097065

Principal Place of Business	Mailing Address
2719 SE 24TH PLACE CAPE CORAL, FL 33904	2719 SE 24TH PLACE CAPE CORAL, FL 33904

05262006 Chg-LLC CR2E083 (11/05)

2. Principal Place of Business	3. Mailing Address
4470 5TH Avenue NW	4470 5TH Avenue NW
Suite, Apt. #, etc.: Naples, FL	Suite, Apt. #, etc.
City & State	City & State: Naples, FL
Zip 34119 Country USA	Zip 34119 Country USA

4. FEI Number ☐ Applied For ☒ Not Applicable

5. Certificate of Status Desired ☒ $5.00 Additional Fee Required

6. Name and Address of Current Registered Agent	7. Name and Address of New Registered Agent
PUCCIO, PHILIP J 2719 SE 24TH PLACE CAPE CORAL, FL 33904	Name: Street Address (P.O. Box Number is Not Acceptable): 4470 5TH Avenue NW City: Naples FL Zip Code 34119

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] Philip J. Puccio
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 September 6, 2006

Make check payable to Florida Department of State

9. MANAGING MEMBERS/MANAGERS			10. ADDITIONS/CHANGES	
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	MGRM PUCCIO, PHILIP J 2719 SE 24TH PLACE CAPE CORAL, FL 33904	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	MGRM PRIGAL, KENNETH B 2617 BAYVIEW DRIVE FT. LAUDERDALE, FL 33306	☒ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Change ☐ Addition

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] 6/7/2006 239-353-3172
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE — Date — Daytime Phone #