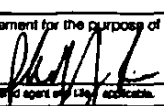
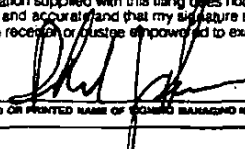


FILED
Jun 26, 2006 8:00 am
Secretary of State

06-26-2006 90272 030 ****55.00

2006 LIMITED LIABILITY COMPANY
ANNUAL REPORT

DOCUMENT # L05000005454			
1. Entity Name P2 CAPITAL GROUP, LLC			
Principal Place of Business 2719 SE 24TH PLACE CAPE CORAL, FL 33904		Mailing Address 2719 SE 24TH PLACE CAPE CORAL, FL 33904	
2. Principal Place of Business 4470 5TH Avenue NW Suite, Apt. #, etc. Naples, FL City & State		3. Mailing Address 4470 5TH Avenue NW Suite, Apt. #, etc. Naples, FL City & State	
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 PUCCIO, PHILIP J 2719 SE 24TH PLACE CAPE CORAL, FL 33904			
7. Name and Address of New Registered Agent 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  Philip J. Puccio Signature, typed or printed name of registered agent or LLC, as applicable. (NOTE: Registered Agent signature required when reappointing) 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:  6/7/2006 239-353-3172 SIGNATURE AND TYPED OR PRINTED NAME OF BOARD MANAGING MEMBER, MANAGER OR AUTHORIZED REPRESENTATIVE Date Daytime Phone #			