
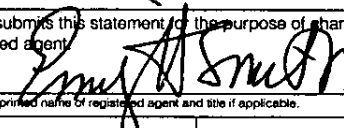
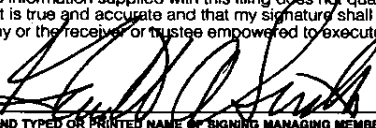


# 2006 LIMITED LIABILITY COMPANY ANNUAL REPORT

**FILED**  
**Jul 21, 2006 8:00 am**  
**Secretary of State**

07-21-2006 90083 030 \*\*\*\*50.00

<b>DOCUMENT # L05000006925</b> 1. Entity Name <b>PGR, LLC</b>						
Principal Place of Business <b>3100 GIN LANE NAPLES, FL 34102 US</b>			Mailing Address <b>3100 GIN LANE NAPLES, FL 34102 US</b>			
2. Principal Place of Business		3. Mailing Address				
Suite, Apt. #, etc.		Suite, Apt. #, etc.				
City & State		City & State				
Zip	Country	Zip	Country			
07162006    Chg-LLC    CR2E083 (11/05)						
5. Certificate of Status Desired <input type="checkbox"/> <b>\$5.00 Additional Fee Required</b>				Applied For <input type="checkbox"/> Not Applicable		
6. Name and Address of Current Registered Agent  <b>ROSS, DONALD K JR. 599 9TH ST. N., SUITE 300 NAPLES, FL 34102</b>				7. Name and Address of New Registered Agent Name <b>MRS. Emily H. Smith</b> Street Address (P.O. Box Number is Not Acceptable) <b>3100 GIN LANE</b> City <b>NAPLES</b> <b>FL</b> Zip Code <b>34102</b>		
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  DATE <b>7/16/06</b> <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)</small>						
<b>Filing Fee is \$50.00 Due by September 6, 2006</b>			<b>Make check payable to Florida Department of State</b>			
9. MANAGING MEMBERS/MANAGERS				10. ADDITIONS/CHANGES		
TITLE	MGRM <input type="checkbox"/> Delete			TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	SMITH, GARNETT A			NAME		
STREET ADDRESS	3100 GIN LANE			STREET ADDRESS		
CITY-ST-ZIP	NAPLES, FL 34102			CITY-ST-ZIP		
TITLE	<input type="checkbox"/> Delete			TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME				NAME		
STREET ADDRESS				STREET ADDRESS		
CITY-ST-ZIP				CITY-ST-ZIP		
TITLE	<input type="checkbox"/> Delete			TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME				NAME		
STREET ADDRESS				STREET ADDRESS		
CITY-ST-ZIP				CITY-ST-ZIP		
TITLE	<input type="checkbox"/> Delete			TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME				NAME		
STREET ADDRESS				STREET ADDRESS		
CITY-ST-ZIP				CITY-ST-ZIP		
TITLE	<input type="checkbox"/> Delete			TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME				NAME		
STREET ADDRESS				STREET ADDRESS		
CITY-ST-ZIP				CITY-ST-ZIP		
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 				DATE <b>7/16/06</b> DAYTIME PHONE # <b>239 434-7027</b>		