

2007 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L05000009510

Entity Name: PGP/NEILLY LLC

FILED
Apr 27, 2007
Secretary of State

Current Principal Place of Business:

833 W. TRENTON AVE.
SUITE 4
MORRISVILLE, PA 19067

New Principal Place of Business:

Current Mailing Address:

833 W. TRENTON AVE.
SUITE 4
MORRISVILLE, PA 19067

New Mailing Address:

FEI Number:

FEI Number Applied For ()

FEI Number Not Applicable (X)

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

CORPDIRECT AGENTS, INC.
515 E. PARK AVE.
TALLAHASSEE, FL 32301 US

Name and Address of New Registered Agent:

CASTALDO, ANTHONY
10449 WASHINGTONIA PALM WAY 3212
FT MYERS, FL 33966 US

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.

SIGNATURE: ANTHONY CASTALDO

04/27/2007

Electronic Signature of Registered Agent

Date

MANAGING MEMBERS/MANAGERS:

Title: MGRM () Delete
Name: SCHAUTZ, JOHN L
Address: 126 PONDEROSA DRIVE
City-St-Zip: HOLLAND, PA 18966

Title: MGRM () Delete
Name: DAVIS, WAYNE A
Address: 2319 EAST VINE STREET
City-St-Zip: HATFIELD, PA 19440

Title: MGRM () Delete
Name: DREYER, EDWARD F
Address: 437 GOLDEN GATE DRIVE
City-St-Zip: RICHBORO, PA 18954

Title: MGRM () Delete
Name: NEILLY, ALEC&CHRISTIE
Address: 1632 SPRUCE ST. UNIT 100
City-St-Zip: PHILADELPHIA, PA 19103

ADDITIONS/CHANGES:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Chapter 119, Florida Statutes. I further certify that the information indicated on this report is true and accurate and that my electronic 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: JOHN SCHAUTZ

MGRM

04/27/2007

Electronic Signature of Signing Managing Member, Manager, or Authorized Representative / Date