

2006 LIMITED LIABILITY COMPANY ANNUAL REPORT (AR)

04-24-2006 90068 050 ****50.00
L05000032645

DOCUMENT # L05000032645 1. Entity Name PGTR PROPERTIES, LLC					
Principal Place of Business 105 VILLAGE LAS PALMAS ST. AUGUSTINE FL 32080			Mailing Address 105 VILLAGE LAS PALMAS ST. AUGUSTINE FL 32080		
2. Principal Place of Business Suite, Apt. #, etc.		3. Mailing Address Suite, Apt. #, etc.			
City & State		City & State		4. FEI Number 03-0558659	
Zip		Country		5. Certificate of Status Desired ☐ \$5.00 Additional Fee Required	
6. Name and Address of Current Registered Agent RAU, THOMAS S. 105 VILLAGE LAS PALMAS ST. AUGUSTINE FL 32080				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 _____ DATE _____ Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when renewing)					
FILE NOW!!! FEE IS \$50.00 Make Check Payable to Florida Department of State. Due By May 1, 2006					
9. MANAGING MEMBERS / MANAGERS			10. ADDITIONS / CHANGES		
TITLE NAME STREET ADDRESS CITY - ST - ZIP	mgem THOMAS S. RAU 105 VILLAGE LAS PALMAS LN ST AUGUSTINE FL 32080		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	
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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 Section 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 206, Florida Statutes.					
SIGNATURE: <u>THOMAS S. RAU</u> 4-11-06 1904 40211473 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE 3-28-06 6044713933					

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300-10456 OF STATE
SECRETARY OF STATE
FLORIDA

1st MOORE CR2E083 (10/05)