2007 LIMITED LIABILITY COMPANY ANNUAL REPORT

DO NOT WRITE IN THIS SPACE

DOCUMENT # L05000053117

1. Entity Name PGI ÍNVEST, LLC



FILED Mar 21, 2007 08:00 A Secretary of State

Principal Place of Business

713 WEST RETTA ESPLANADE PUNTA GORDA, FL 33950

Mailing Address

PO BOX 511084

PUNTA GORDA, FL 33951-1084



03192007 No Chg-LLC

CR2E083 (11/05)

Applied For 4. FEI Number 20-2919332 Not Applicable \$5.00 Additional 5. Certificate of Status Desired

Fee Required

6. Name and Address of Current Registered Agent

	MARTIN T RETTA ESPLANADE ORDA, FL 33950	·	IOT WRITE HIS SPACE
8. The above the obligation	a named entity submits this statement for the purpose of char tions of registered agent.	nging its registered office or registered agent, or both,	n the State of Florida. I am familiar with, and accept
SIGNATURE Signature, typed or printed name of registered agent and title if applicable. (NOT		(NOTE: Registered Agent signalture required when reinstating)	DATE
F	iling Fee Is \$50.00 lue by May 1, 2007		
9.	MANAGING MEMBERS/MANAGERS		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGR SCHULZ, MARTIN P O BOX 571037 PUNTA GORDA, FL 33951		
TITLE NAME STREET ADDRESS CITY-ST-ZIP			000000674983 03/30/07-80001-001 50.00
TITLE NAME STREET ADDRESS CITY-ST-ZIP		DO N	IOT WRITE
TITLE NAME STREET ADDRESS CITY-ST-ZIP		IN T	HIS SPACE
TITLE NAME STREET ADDRESS CITY-ST-ZIP			
TITLE		1	

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 repeiver or trustee empowered to execute this report as required by Chapter 608, Florida Statutes.

NAME STREET ADDRESS CITY-ST-ZIP