

1028-13
**2006 LIMITED LIABILITY COMPANY
 ANNUAL REPORT (AR)**

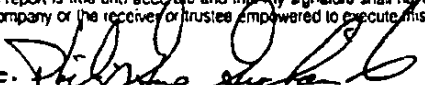
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SECRETARY OF STATE
 DIVISION OF CORPORATIONS

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1st MOORE CR2E083 (10/05)

DOCUMENT # L05000063879					
1. Entity Name PGG, LLC					
Principal Place of Business 11900 BISCAYNE BOULEVARD, SUITE 807 MIAMI FL 33181			Mailing Address 11900 BISCAYNE BOULEVARD, SUITE 807 MIAMI FL 33181		
2. Principal Place of Business			3. Mailing Address		
Suite, Apt. #, etc.			Suite, Apt. #, etc.		
City & State			City & State		
Zip	Country	Zip	Country	4. FEI Number 51-0572273	
				Applied For ☐ Not Applicable	
				5. Certificate of Status Desired ☐ \$5.00 Additional Fee Required	
6. Name and Address of Current Registered Agent GLASER, ALLAN M ESQ. 11900 BISCAYNE BOULEVARD, SUITE 807 MIAMI FL 33181				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 _____ (NOTE: Registered Agent Signature Required when (a) changing registered office or registered agent, or both, in the State of Florida; and (b) when the registered agent is a corporation, partnership, or limited liability company.)					
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	MEMBER PHILIP GENE GRABARNICK 6480 ALLISON ISLAND MIAMI BEACH, FLA		TITLE NAME STREET ADDRESS CITY-ST-ZIP	MANAGING MEMBER ☒ Change ☐ Addition PHILIP GENE GRABARNICK 6480 ALLISON ISLAND MIAMI BEACH, FL	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MEMBER ☒ Delete PAULINE GRABARNICK 6480 ALLISON ISLAND MIAMI BEACH, FLA		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 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 608, Florida Statutes.					
SIGNATURE: 			305-989-6252 3-15-06		
SIGNATURE AND TYPE OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE					