2007 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT # L05000063879

1. Entity Name PGG, LLC



Principal Place of Business

11900 BISCAYNE BOULEVARD, SUITE 807 11900

MIAMI, FL 33181

Mailing Address
11900 BISCAYNE BOULEVARD, SUITE 807

MIAMI, FL 33181

FILED
Mar 02, 2007 08:00 AM
Secretary of State



DO NOT WRITE IN THIS SPACE

01052007 No Chg-LLC CR2E083 (11/05)

| 4. FEI Number | Applied For _ |
|----------------------------------|-----------------------------------|
| 51-0572273 | 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

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| The above named entity submits this statement for the purpose of cha the obligations of registered agent. | nging its registered office or registered agent, or both | in the State of Florida. I am familiar with, and accept |
|---|--|---|
| SIGNATURE Signature, typed or profied name of registered agent and title if applicable. | (NOTE: Registered Agent signature required when reinstating) | DATE |
| Filing Fee is \$50.00 | | |

Filing Fee is \$50.00 Due by May 1, 2007

| <u> </u> | TWAT COLOR OF THE TOTAL TO |
|----------------|---|
| TITLE | MGRM |
| NAME | GRABARNICK, PHILIP GENE |
| STREET ADDRESS | 6480 ALLISON ISLAND |
| CITY-ST-ZIP | MIAMI BEACH, FL |
| TITLE | • |
| NAME | |
| STREET ADDRESS | |
| CITY-ST-ZIP | |
| TITLÉ | |
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| NAME | |
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| CITY-ST-ZIP | |
| 11. I hereby | certify that the information supplied with this filing does not qualify for the e |

MANIAGING MEMPERSAMANIAGERS

U00000654073 03/13/07-80046-022 50.00

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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:

SIGNATURE SIGNATURE AND TYPES OR PRINTED NAME OF SIGNING MANAGING MEMBER, OR AUTHORIZED REPRESENTATIVE

Date

Daytima Phone #