

# 2006 LIMITED LIABILITY COMPANY ANNUAL REPORT

**FILED**  
**Apr 27, 2006 8:00 am**  
**Secretary of State**

04-27-2006 90013 007 \*\*\*\*50.00

<b>DOCUMENT # L05000077814</b>					
<b>1. Entity Name</b> PG&C INVESTMENTS, LLC					
<b>Principal Place of Business</b> 648 BALD CYPRESS RD. WESTON, FL 33276 01			<b>Mailing Address</b> 648 BALD CYPRESS RD. WESTON, FL 33276 01		
<b>2. Principal Place of Business</b> 648 BALD CYPRESS RD		<b>3. Mailing Address</b> 648 BALD CYPRESS RD			
Suite, Apt. #, etc.		Suite, Apt. #, etc.			
<b>City &amp; State</b> WESTON, FLORIDA.		<b>City &amp; State</b> WESTON, FLORIDA.		<b>4. FEI Number</b> 11-3756596	
<b>Zip</b> 33327		<b>Country</b> 01		<b>5. Certificate of Status Desired</b> <input type="checkbox"/> <b>\$5.00 Additional Fee Required</b>	
<b>6. Name and Address of Current Registered Agent</b> PARRA, ALIRIO 1364 WESTON RD WESTON, FL 33326			<b>7. Name and Address of New Registered Agent</b> Name: PARRA, ALIRIO Street Address (P.O. Box Number is Not Acceptable): 648 WEST BALD CYPRESS RD City: WESTON FL Zip Code: 33327		
<b>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.</b>					
SIGNATURE _____ (NOTE: Registered Agent signature required when reinstating) DATE _____					
<b>Filing Fee is \$50.00 Due by May 1, 2006</b>		<b>Make check payable to Florida Department of State</b>			
<b>9. MANAGING MEMBERS/MANAGERS</b>			<b>10. ADDITIONS/CHANGES</b>		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGR PARRA, ALIRIO 1364 WESTON RD WESTON, FL 33326	<input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGR PARRA, ALIRIO 648 BALD CYPRESS RD WESTON, FL 33327	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
<b>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.</b>					
<b>SIGNATURE:</b> _____ <i>APR 14, 25, 2006 954-323-2864</i>					
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE					