

# 2008 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L05000092877

FILED  
May 09, 2008  
Secretary of State

Entity Name: PGP/LITZ LLC

**Current Principal Place of Business:**

833 W. TRENTON AVE.  
SUITE #4  
MORRISVILLE, PA 19067

**New Principal Place of Business:**

660 NEWTOWN YARDLEY RD.  
SUITE 108  
NEWTOWN, PA 18940

**Current Mailing Address:**

833 W. TRENTON AVE.  
SUITE #4  
MORRISVILLE, PA 19067

**New Mailing Address:**

660 NEWTOWN YARDLEY RD.  
SUITE 108  
NEWTOWN, PA 18940

FEI Number:                      FEI Number Applied For ( )                      FEI Number Not Applicable (X)                      Certificate of Status Desired ( )  
In accordance with s. 607.193(2)(b), F.S., the limited liability company did not receive the prior notice.

**Name and Address of Current Registered Agent:**

**Name and Address of New Registered Agent:**

CASTALDO, ANTHONY  
10449 WASHINGTONIA PALM WAY 3212  
FT MYERS, FL 33966 US

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.

SIGNATURE: \_\_\_\_\_

Electronic Signature of Registered Agent

Date

**MANAGING MEMBERS/MANAGERS:**

**ADDITIONS/CHANGES:**

Title: MGRM ( ) Delete  
Name: SCHAUTZ, JOHN  
Address: 126 PONDEROSA DRIVE  
City-St-Zip: HOLLAND, PA 18966

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: MGRM ( ) Delete  
Name: DREYER, EDWARD  
Address: 437 GOLDEN GATE DRIVE  
City-St-Zip: RICHBORO, PA 18954

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: MGRM ( ) Delete  
Name: DAVIS, WAYNE  
Address: 2319 E. VINE STREET  
City-St-Zip: HATFIELD, PA 19440

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: MGRM ( ) Delete  
Name: LITZ, MICHAEL  
Address: 1122 TENNIS AVE.  
City-St-Zip: BENSACLEM, PA 19020

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Chapter 119, Florida Statutes. I further certify that the information indicated on this report is true and accurate and that my electronic 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: JOHN SCHAUTZ

MGRM

05/09/2008

Electronic Signature of Signing Managing Member, Manager, or Authorized Representative / Date