2006 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Apr 26, 2006
Secretary of State

DOCUMENT# L05000123542

Entity Name: P.R. INVESTMENT GROUP L.L.C.

Current Principal Place of Business:

9315 MARINO LANE
UNIT 303
NAPLES, FL 34114 US

New Principal Place of Business:

4023 4TH AVE NE
NAPLES, FL 34114 US

Current Mailing Address:

9315 MARINO LANE
UNIT 303
NAPLES, FL 34114 US

New Mailing Address:

4023 4TH AVE NE
NAPLES, FL 34114 US

FEI Number: 20-4369806 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired (X)**

Name and Address of Current Registered Agent:

CONA, CHRISTOPHER J
4280 TAMIAMI TRAIL EAST
STE 101
NAPLES, FL 34114 US

Name and Address of New Registered Agent:

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:

Title: MGR ( ) Delete
Name: CHARLES, RODERICK
Address: 464 9TH AVE SOUTH
City-St-Zip: NAPLES, FL 34102 US

Title: MGR ( ) Delete
Name: ADRIAN, PETRILA
Address: 9315 MARINO LANE, UNIT 303
City-St-Zip: NAPLES, FL 34114 US

ADDITIONS/CHANGES:

Title: MGRM (X) Change ( ) Addition
Name: RODERICK, CHARLES
Address: 4761 SWORDFISH ST
City-St-Zip: BONITA SPRINGS, FL 34134 US

Title: MGRM (X) Change ( ) Addition
Name: PETRILA, TRAIAN A
Address: 4023 4TH AVE NE
City-St-Zip: NAPLES, FL 34120 US

I hereby certify that the information supplied with this filing does not qualify for the 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: TRAIAN ADRIAN PETRILA MGRM 04/26/2006

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