2007 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Jan 19, 2007
Secretary of State

DOCUMENT# L05000123698

Entity Name: PGM BUILDERS LLC

Current Principal Place of Business:

9121 N. MILLITARY TRAIL, #200
PALM BCH GARDENS, FL 33410

New Principal Place of Business:

Current Mailing Address:

9121 N. MILLITARY TRAIL, #200
PALM BCH GARDENS, FL 33410

New Mailing Address:

FEI Number: 20-4019367 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired (X)**

Name and Address of Current Registered Agent:

DAVIS, RICHARD T ESQ.
901 N. OLIVE AVE.
WEST PALM BCH, FL 33410 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: GIAQUINTO, PETER B
Address: 9121 N. MILLITARY TRAIL, #200
City-St-Zip: PALM BCH GARDENS, FL 33410

Title: MGRM ( ) Delete
Name: FORTE, COLIN
Address: 9121 N. MILLITARY TRAIL, #200
City-St-Zip: PALM BCH GARDENS, FL 33410

ADDITIONS/CHANGES:

Title: MGRB (X) Change ( ) Addition
Name: GIAQUINTO, PETER B
Address: 9121 N. MILLITARY TRAIL, #200
City-St-Zip: PALM BCH GARDENS, FL 33410

Title: MGR (X) Change ( ) Addition
Name: FORTE, COLIN
Address: 9121 N. MILLITARY TRAIL, #200
City-St-Zip: PALM BCH GARDENS, FL 33410

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: PETER B. GIAQUINTO, JR MGR 01/19/2007

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