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To:

Division of Corporations

Fax Number : (850)205-0383

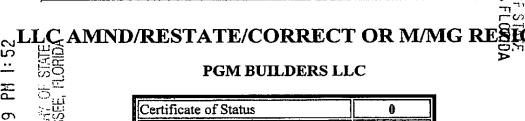
From:

Account Name : MOYLE, FLANIGAN, KATZ, RAYMOND, WHITE &

Account Number : 120060000039

Phone Fax Number : (561)659-7500

; (561)659-1789



PGM BUILDERS LLC

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Moyle Flanigan Katz Breton White & Krasker, P.A.

FOR YOUR INFORMATION

To:

Division of Corporation-Florida

Fax number:

1 850 205-0383

From:

Leslie A. Hill

Fax number:

561-659-1789

Home phone:

Business phone:

561-822-0338

Date & Time:

5/9/2007 11:33:13 AM

Pages sent: Re: 4

RE: Manager/Member Resignation-LLC

OT MAY -9 AH II: 3
SECRETAR OF STATE
ALLAHASSEE, FLORE

Please file the attached. Should you have any questions and/or comments, please do not hesitate to contact me. Thank you. Leslie Hill

AHII: 35



FLORIDA DEPARTMENT OF STATE DIVISION OF CORPORATIONS

RESIGNATION OF MEMBER, MANAGING MEMBER OR MANAGER FROM FLORIDA OR FOREIGN LIMITED LIABILITY COMPANY

of State is: PGM BUILDERS LLC			
This limited liability company was organized under the laws of FLORIDA			
The Florida document/registration number of this limited liability company is: L05000123698			
4. I, Colin Forte hereby resign as a MGR (Frant Name of Person Resigning) (Frant Dite)	SECRI	071	
of this limited liability company and affirm the limited liability company has been notified of my resignation in writing.	RETAR)7 HAY -	
x	SEE.	9 +	CERTED
Signature of Resigning Member, Managing Member or Managor	E.S.	H	(Lemma)
Filing Fee: \$25.00 (Required) Certified Copy: \$30.00 (Optional)	TATE ORIDA	11:35	المحال
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PGM BUILDERS

No.0686 P. 3

RESIGNATION AND ASSIGNMENT OF INTEREST

I, COLIN FORTE, hereby resign my position as Managing Member effective immediately and assign my interest as a Member of PGM Builders LLC to Peter B. Giaquinto, Jr.

I hereby waive any right to entitlement of any assets of the company upon its

ultimate dissolution.	
	1
	COLIN FOR TE
	Date executed: 4/27/207
State of Florida	ARY ARY
County of Palm Beach	LOR
Swom to and subscribed before m	e, the undersigned authority, by COLINGTORTE, who
is personally known to me or who	has produced as
identification, this TTE day of April, 200	7
	ANY OUR WHATEIN RECKONITY
	MY COMMISSION F DD 235047
/	Notary Public, The of Harida and Large
1	
	Typed or Printed Name
1	
\	My Commission Expires: