

2007 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L06000002519

Entity Name: PI PROPRIETORS, LLC

FILED
Apr 16, 2007
Secretary of State

Current Principal Place of Business:

13846 ATLANTIC BLVD
UNIT 206
JACKSONVILLE, FL 32225

New Principal Place of Business:

Current Mailing Address:

13846 ATLANTIC BLVD
UNIT 206
JACKSONVILLE, FL 32225

New Mailing Address:

FEI Number: FEI Number Applied For (X) FEI Number Not Applicable () Certificate of Status Desired ()

Name and Address of Current Registered Agent:

IRELAND, LOCK
13846 ATLANTIC BLVD
UNIT 206
JACKSONVILLE, FL 32225 US

Name and Address of New Registered Agent:

IRELAND, LOCK W
13846 ATLANTIC BLVD
UNIT 206
JACKSONVILLE, FL 32225 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: LOCK W IRELAND

04/16/2007

Electronic Signature of Registered Agent

Date

MANAGING MEMBERS/MANAGERS:

Title: MGRM () Delete
Name: IRELAND, LOCK
Address: 13846 ATLANTIC BLVD.
City-St-Zip: JACKSONVILLE, FL 32225

Title: MGRM () Delete
Name: PACK, MITCHELL
Address: 3735 SALTMEADOW CT. S.
City-St-Zip: JACKSONVILLE, FL 32224

ADDITIONS/CHANGES:

Title: MGRM (X) Change () Addition
Name: IRELAND, LOCK W
Address: 13846 ATLANTIC BLVD.
City-St-Zip: JACKSONVILLE, FL 32225

Title: MGRM (X) Change () Addition
Name: PACK, MITCHELL S
Address: 3735 SALTMEADOW CT. S.
City-St-Zip: JACKSONVILLE, FL 32224

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: LOCK W IRELAND

MGRM

04/16/2007

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