

2007 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L06000032089

Entity Name: PGM SHUTTERS LLC

FILED
Apr 21, 2007
Secretary of State

Current Principal Place of Business:

565 SW BILTMORE ST.
PORT SAINT LUCIE, FL 34983

New Principal Place of Business:

Current Mailing Address:

565 SW BILTMORE ST.
PORT SAINT LUCIE, FL 34983

New Mailing Address:

FEI Number: 14-1959563

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

BATRAVILLE, PIERRE M
1802 SE AIRES LANE
PORT SAINT LUCIE, FL 34984 US

Name and Address of New Registered Agent:

BATRAVILLE, PIERRE M
565 SW BILTMORE STREET
PORT SAINT LUCIE, FL 34983 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:

04/21/2007

Electronic Signature of Registered Agent

Date

MANAGING MEMBERS/MANAGERS:

Title: MGR () Delete
Name: BATRAVILLE, PIERRE M
Address: 1802 SE AIRES LANE
City-St-Zip: PORT SAINT LUCIE, FL 34984

Title: MGR () Delete
Name: MEDOR, GUY D
Address: 3372 SW HILL STREET
City-St-Zip: PORT SAINT LUCIE, FL 34953

ADDITIONS/CHANGES:

Title: MGR (X) Change () Addition
Name: BATRAVILLE, PIERRE M
Address: 565 SW BILTMORE STREET
City-St-Zip: PORT SAINT LUCIE, FL 34983

Title: MGR (X) Change () Addition
Name: MEDOR, GUY D
Address: 565 SW BILTMORE STREET
City-St-Zip: PORT SAINT LUCIE, FL 34983

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: GUY D. MEDOR

MR

04/21/2007

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