

2007 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L06000035045

Entity Name: PFT LLC

FILED
Apr 24, 2007
Secretary of State

Current Principal Place of Business:

C/O ANDREW KRAUSE, 801 LAUREL OAK DRIVE
SUITE 640
NAPLES, FL 34108 US

Current Mailing Address:

C/O ANDREW KRAUSE, 801 LAUREL OAK DRIVE
SUITE 640
NAPLES, FL 34108 US

New Principal Place of Business:

C/O ANDREW KRAUSE, 800 LAUREL OAK DRIVE
SUITE 600
NAPLES, FL 34108 US

New Mailing Address:

C/O ANDREW KRAUSE, 800 LAUREL OAK DRIVE
SUITE 600
NAPLES, FL 34108 US

FEI Number:

FEI Number Applied For ()

FEI Number Not Applicable (X)

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

HL STATUTORY AGENT, INC.
3301 BONITA BEACH ROAD
SUITE 308
BONITA SPRINGS, FL 34134 US

Name and Address of New Registered Agent:

HL STATUTORY AGENT, INC.
C/O ANDREW KRAUSE 800 LAUREL OAK DRIVE
SUITE 600
NAPLES, FL 34108 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: JEFFREY M. FOLKMAN

04/24/2007

Electronic Signature of Registered Agent

Date

MANAGING MEMBERS/MANAGERS:

Title: MGRM () Delete
Name: HARE, PAUL A TRUSTEE
Address: C/O FRANK GRAVES IRRIGATION 10 TULIP PLACE
City-St-Zip: NEW HYDE PARK, NY 11040 US

ADDITIONS/CHANGES:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

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: PAUL A. HARE

MGRM

04/24/2007

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