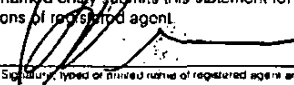
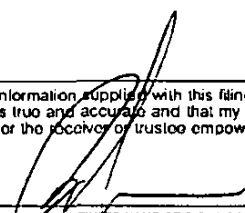


# 2007 LIMITED LIABILITY COMPANY ANNUAL REPORT (AR)

**FILED**  
**Mar 19, 2007 8:00 am**  
**Secretary of State**

02-22-2007 90278 031 \*\*\*\*50.00

|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                            |                                                                     |                                           |                                                                                                                                         |                                                                                          |  |
|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|---------------------------------------------------------------------|-------------------------------------------|-----------------------------------------------------------------------------------------------------------------------------------------|------------------------------------------------------------------------------------------|--|
| DOCUMENT # L06000080719                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                    |                                                                     |                                           |                                                                                                                                         |         |  |
| 1. Entity Name<br>PGM PROPERTIES, LLC                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                      |                                                                     |                                           |                                                                                                                                         |                                                                                          |  |
| Principal Place of Business<br>5604 NORTH 40TH STREET<br>TAMPA FL 33610<br>US                                                                                                                                                                                                                                                                                                                                                                                                                                                              |                                                                     |                                           | Mailing Address<br>5604 NORTH 40TH STREET<br>TAMPA FL 33610<br>US                                                                       |                                                                                          |  |
| 2. Principal Place of Business - No P.O. Box #<br><b>2717 NORTH 56TH STREET</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                            |                                                                     | 3. Mailing Address<br>Suite, Apt. #, etc. |                                                                                                                                         |                                                                                          |  |
| City & State<br><b>TAMPA, FL</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                           |                                                                     | City & State                              |                                                                                                                                         | 4. FEI Number<br><b>20-538384B</b>                                                       |  |
| Zip<br><b>33619</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                        |                                                                     | Country<br><b>US</b>                      |                                                                                                                                         | 5. Certificate of Status Desired <input type="checkbox"/> \$5.00 Additional Fee Required |  |
| 6. Name and Address of Current Registered Agent<br><br><b>LAMBERT, JUDITH S<br/>669A WEST LUMSDEN ROAD<br/>BRANDON FL 33511</b>                                                                                                                                                                                                                                                                                                                                                                                                            |                                                                     |                                           | 7. Name and Address of New Registered Agent<br>Name<br>Street Address (P.O. Box Number is Not Acceptable)<br>City<br><b>FL</b> Zip Code |                                                                                          |  |
| 8. 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. I am familiar with, and accept the obligations of registered agent.<br><br>SIGNATURE  <b>PETER MCCABE VICE PRESIDENT</b> 2-13-07<br><small>Signature typed or printed name of registered agent and date if applicable. (NOTE: Registered Agent signature required when resigning) DATE</small> |                                                                     |                                           |                                                                                                                                         |                                                                                          |  |
| <b>FILE NOW!!! FEE IS \$50.00</b><br><b>Make Check Payable to Florida Department of State</b><br><b>Due By May 1, 2007</b>                                                                                                                                                                                                                                                                                                                                                                                                                 |                                                                     |                                           |                                                                                                                                         |                                                                                          |  |
| 9. MANAGING MEMBERS/MANAGERS                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               |                                                                     |                                           | 10. ADDITIONS/CHANGES                                                                                                                   |                                                                                          |  |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY ST ZIP                                                                                                                                                                                                                                                                                                                                                                                                                                                                                             | MGRM<br>MCCABE, PETER L<br>5604 NORTH 40TH STREET<br>TAMPA FL 33610 | <input type="checkbox"/> Delete           | TITLE<br>NAME<br>STREET ADDRESS<br>CITY ST ZIP                                                                                          | <input type="checkbox"/> Change <input type="checkbox"/> Addition                        |  |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY ST ZIP                                                                                                                                                                                                                                                                                                                                                                                                                                                                                             | MGRM<br>MCCABE, GLENN H<br>5604 NORTH 40TH STREET<br>TAMPA FL 33610 | <input type="checkbox"/> Delete           | TITLE<br>NAME<br>STREET ADDRESS<br>CITY ST ZIP                                                                                          | <input type="checkbox"/> Change <input type="checkbox"/> Addition                        |  |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY ST ZIP                                                                                                                                                                                                                                                                                                                                                                                                                                                                                             |                                                                     | <input type="checkbox"/> Delete           | TITLE<br>NAME<br>STREET ADDRESS<br>CITY ST ZIP                                                                                          | <input type="checkbox"/> Change <input type="checkbox"/> Addition                        |  |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY ST ZIP                                                                                                                                                                                                                                                                                                                                                                                                                                                                                             |                                                                     | <input type="checkbox"/> Delete           | TITLE<br>NAME<br>STREET ADDRESS<br>CITY ST ZIP                                                                                          | <input type="checkbox"/> Change <input type="checkbox"/> Addition                        |  |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY ST ZIP                                                                                                                                                                                                                                                                                                                                                                                                                                                                                             |                                                                     | <input type="checkbox"/> Delete           | TITLE<br>NAME<br>STREET ADDRESS<br>CITY ST ZIP                                                                                          | <input type="checkbox"/> Change <input type="checkbox"/> Addition                        |  |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY ST ZIP                                                                                                                                                                                                                                                                                                                                                                                                                                                                                             |                                                                     | <input type="checkbox"/> Delete           | TITLE<br>NAME<br>STREET ADDRESS<br>CITY ST ZIP                                                                                          | <input type="checkbox"/> Change <input type="checkbox"/> Addition                        |  |
| 11. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Section 119, Florida Statutes. I further certify that the information indicated on this report is true and accurate and that my 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:  <b>PETER MCCABE</b>                                                                                                                                                                                                                                                                                                                                                                                                                         |                                                                     |                                           | 2-13-07 813-238-3433                                                                                                                    |                                                                                          |  |
| <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE</small>                                                                                                                                                                                                                                                                                                                                                                                                                       |                                                                     |                                           | <small>Date Daytime Phone #</small>                                                                                                     |                                                                                          |  |