## 2007 LIMITED LIABILITY COMPANY

## **FILED** Jul 20, 2007 8:00 am Secretary of State **ANNUAL REPORT** DOCUMENT # L06000117773 1. Entity Name P&G OFFICE, LLC 05-14-2007 90366 039 \*\*\*\*50.00 Principal Place of Business Mailing Address 9090 SOUTH DADELAND BLVD 9090 SOUTH DADELAND BLVD MIAMI, FL 33156 MIAMI, FL 33156 2. Principal Place of Business - No P.O. Box # 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. 07062007 Chg-LLC CR2E083 (12/06) City & State City & State Applied For 4. FEI Number 20-8567994 Not Applicable Zip Country Zin Country \$5.00 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent Name STEARNS WEAVER MILLER WEISSLER ALHADEFF & Street Address (P.O. Box Number is Not Acceptable) SITTERSON, P.A., C/O RICHARD E. SCHATZ 150 WEST FLAGLER STREET, SUITE 2200 MIAMI, FL 33130 City 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. SIGNATURE Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATÉ Filing Fee is \$50.00 Due by September 14, 2007 Make check payable to Florida Department of State MANAGING MEMBERS/MANAGERS 9. 10. ADDITIONS/CHANGES ☐ Change TITLE TITLE Addition ☐ Delete Managing Member NAME P&G OFFICE MEZZANINE, LLC. STREET ADDRESS STREET ADDRESS 9090 S. Dadeland Blvd., Suite 210 Miami, Fl $33156\,$ CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Delete TITLE ☐ Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-7IP CITY-ST-ZIP TITLE ☐ Delete TITLE ☐ Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Delete TITLE ☐ Change Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE TITLE ☐ Delete Change ■ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Delete ☐ Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS

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 true; and a managing member or manager of the limited liability company or the receiver or true; and a managing member or manager of the limited liability company or the receiver or true; and a managing member or manager of the limited liability company or the receiver or true; and a managing member or manager of the limited liability company or the receiver or true; and a managing member or manager of the limited liability company or the receiver or true; and a managing member or manager of the limited liability company or the receiver or true; and a managing member or manager of the limited liability company or the receiver or true; and a managing member or manager of the limited liability company or the receiver or true; and a managing member or manager of the limited liability company or the receiver or true; and a managing member or manager of the limited liability company or the receiver or true; and the limited liability company or the receiver or true; and the limited liability company or the receiver or true; and the limited liability company or the receiver or true; and the limited liability company or the receiver or true; and the limited liability company or the receiver of the liability company or the receiver or true; and the liability company or the receiver of the liability company or the liability com

CITY-ST-ZIP 11. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, Florida Statutes. I further certify that the information

LUIS A. PULENTA

SIGNATURE: SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE

CITY-SI-7IP

5/14/2007-90366-039-\$50.00-\$50.00

## 2007 LIMITED LIABILITY COMPANY ANNUAL REPORT

ANNUAL REPORT				ATTACHMENT			
DOCUMENT # L06000117773  1. Entity Name PAG OFFICE, LLC					$\alpha \alpha$	40UNE	1 8
Principal Place of Business	Mailing Address			†			
9090 SOUTH DADELAND BLVD 9090 SOUTH DA MIAMI, FL 33156 MIAMI, FL 3315				. :	30	001194	#
Principal Place of Business - No P.D. Box # 3. Mailing Address					In some an	,,	
Suite, Apt. F, etc.	Suite, Apt. F. Etc.			02082007	Chg-LLC	CR2E083 (12/08	<b>i</b> )
City & State	City & State		4. EDN-8	567994	<del></del>	Applied For Not Applicable	
Zip Country	Ζφ	Country		5. Certificat	e of Status Desired	S5.00 A Fee Requi	
6. Name and Address of Current Registered Agent			Name	7. Name an	d Address of New R	tegistered Agent	
STEARNS WEAVER MILLER WEISSLER ALHADEFF &							
SITTERSON, P.A., C/O RICHARD E. SCHATZ 150 WEST FLAGLER STREET, SUITE 2200 MIAMI, FL 33130			Street Address (	P.O. Box Numi	per is Not Acceptable	a)	
MIAMI, FL 33130			City	<u></u>		FI Zip Co	de
The above named entity submits this statement for the purpose of changing its register.			ed office or positive	ed arent or by	oth in the State of Do		
the obsigations of registered agent.  SIGNATURE							
Signature, typed or printed rema at regenered agent a	nd the 4 mplicable. (NOTE	: Progretero	d Agent signature request	(گنجارانید، بحورت		OATE	<del></del>
Filing Fee is \$50.00 Duo by May 1, 2007						e check payable to Department of Sta	ts.
MANAGING MEMBE.	<del></del>	10.			ADDITIONS/	CHANGES	
Luis A Pulenta 9090 S Dadeland B GIV-SI-ZP Miami, FL 33156	□ <del>Deeds</del> lvd #210	1 .				☐ Change	Addition
INTE	☐ Delete	TALE				☐ Change	Addition
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nite	☐ Delicte	nıu				☐ Change	Addition
MAME SITIEST ADDRESS CITY-S1-73P			ET ADDRESS ST-78P				
nrue	☐ Delete	TITLE				Change	Addition
STREET RECIPESS		NAME	ET ADDRESS				ŀ
CITY-SI-2#		CITY-	51- 2P				
TITLE	☐ Deleas	DILE				☐ Criange	☐ Addition
STREET ACCRESS CITY-ST-20P		\$D#£	ET ADORESS ST- DP				
mur	☐ Delete	IIILE			<del></del> ,	Change	Addition
MAME STREET ADDRESS CITY-ST-2P			T ADDRESS ST-ZIP				
11. Thereby certify that the information supplied with this filing close not quality for the exemptions contained in Chapter 119. Floride Statutes. I further certify that the Information Indicated on this report is true and accurate and that my-styphare shall have the same legal effect as if mede under certify that I am a managing member or manager of the smitted Rebility company or the receiver or trusted concurs this report as required by Chapter 506, Florida Statutes.  SIGNATURE:  SIGNATURE:  BOUNTIES AND THY TO OR PREFTED AND OF INDIRES MANAGER, OR AUTHORISTS REPORT THE CARD.							