

2008 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Jan 28, 2008 8:00 am
Secretary of State

01-28-2008 90073 024 ***138.75



DOCUMENT # L07000073456	
1. Entity Name PIONEER DEVELOPMENT GROUP LLC	
Principal Place of Business 2253 CENTRAL AVENUE ST. PETERSBURG, FL 33713 US	Mailing Address 2253 CENTRAL AVENUE ST. PETERSBURG, FL 33713 US
2. Principal Place of Business - No P.O. Box # 341 3rd Street S.	3. Mailing Address 341 3rd Street S.
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State St. Petersburg, FL	City & State St. Petersburg, FL
Zip 33701	Country U.S.A.
Zip 33701	Country U.S.A.



01242008 Chg-LLC CR2E083 (12/06)

4. FEI Number 26-0534673	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$5.00 Additional Fee Required

6. Name and Address of Current Registered Agent	7. Name and Address of New Registered Agent
VILLARI, GIUSEPPE 2253 CENTRAL AVENUE ST. PETERSBURG, FL 33713	Name Villari, Giuseppe Street Address (P.O. Box Number is Not Acceptable) 341 3rd Street S. City St. Petersburg FL Zip Code 33701

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 Giuseppe Villari DATE 1/25/08

Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

FILE NOW!!! FEE IS \$138.75
After May 1, 2008 Fee will be \$538.75

Make check payable to
Florida Department of State

9. MANAGING MEMBERS/MANAGERS		10. ADDITIONS/CHANGES	
TITLE MGR	VILLARI, GIUSEPPE <input type="checkbox"/> Delete	TITLE MGR	Villari, Giuseppe <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME VILLARI, GIUSEPPE		NAME Villari, Giuseppe	
STREET ADDRESS 2253 CENTRAL AVENUE		STREET ADDRESS 341 3rd Street S.	
CITY-ST-ZIP ST. PETERSBURG, FL 33713		CITY-ST-ZIP St. Petersburg, FL 33701	
TITLE	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		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 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: Giuseppe Villari DATE 1/25/08 DAYTIME PHONE # 727-022-0038

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