

2009 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L08000007508

Entity Name: P.G.I. DEVELOPMENT, LLC

FILED
Apr 28, 2009
Secretary of State

Current Principal Place of Business:

660 CHARLOTTE STREET
PUNTA GORDA, FL 33950

New Principal Place of Business:

1435 COLLINSWOOD BLVD
PORT CHARLOTTE, FL 33948

Current Mailing Address:

C/O ROGER H. MILLER III, ESQ.
99 NESBIT STREET
PUNTA GORDA, FL 33950

New Mailing Address:

FEI Number: FEI Number Applied For (X) FEI Number Not Applicable () Certificate of Status Desired ()

Name and Address of Current Registered Agent:

MILLER, ROGER H III
FARR, FARR, EMERICH, HACKETT AND CARR, P.A
99 NESBIT STREET
PUNTA GORDA, FL 33950 US

Name and Address of New Registered Agent:

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:

Electronic Signature of Registered Agent

Date

MANAGING MEMBERS/MANAGERS:

Title: () Delete
Name:
Address:
City-St-Zip:

Title: () Delete
Name:
Address:
City-St-Zip:

Title: () Delete
Name:
Address:
City-St-Zip:

ADDITIONS/CHANGES:

Title: MGRM () Change (X) Addition
Name: FARHART, TIMOTHY J
Address: 1435 COLLINSWOOD BLVD
City-St-Zip: PORT CHARLOTTE, FL 33948

Title: MGR () Change (X) Addition
Name: FARHAT, PHILLIP D
Address: 1435 COLLINSWOOD BLVD
City-St-Zip: PORT CHARLOTTE, FL 33948

Title: MGR () Change (X) Addition
Name: FARHAT, ANTHONY
Address: 1435 COLLINSWOOD BLVD
City-St-Zip: PORT CHARLOTTE, FL 33948

I hereby certify that the information supplied with this filing does not qualify 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: TIMOTHY J. FARHAT

MGRM

04/28/2009

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