2004 LIMITED LIABILITY COMPANY ANNUAL REPORT

DO NOT WRITE IN THIS SPACE

DOCUMENT # L99060007088

1. Entity Name P&G PROPERTY, LLC

Principal Place of Business

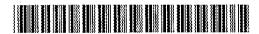
SIGNATURE:

of Business Mailing Address

133-20 WHITESTONE EXPY. FLUSHING, NY 11354-2509

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FILED Aug 09, 2004 08:00 AM Secretary of State



08022004 No Chg-LLC

CR2E083 (10/03)

4. FEI Number 65-0957044 Applied For Not Applicable

5. Certificate of Status Desired

\$5.00 Additional Fee Required

Daytime Phone #

6. Name and Address of Current Registered Agent

MELAND, MARK S ESQ. MELAND & RUSSIN, P.A. 200 SOUTH BISCAYNE BLVD., STE. 2420 MIAMI, FL 33131

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	named entity submits this statement for the purpose of char ions of registered agent	aging its registered office or registered agent, or bo	th, in the State of Florida. I am familiar with, and accept
SIGNATURE_	Signature, typed or printed name of registered agent and little if applicable	(ROTE Registered Agent signature required when reinstating)	DATE
Fil Due l	ing Fee is \$50.00 by September 8, 2004		
9.	MANAGING MEMBERS/MANAGERS		100000169611
NAME STREET ADDRESS CITY ST-ZIP	MGR PETRUCCALLI, ANTHONY 133-20 WHITESTONE EXPY. FLUSHING, NY 113542509		000000159611 08/09/04-80003-022 50.00
TOTLE NAME STREET ADDRESS CITY - ST - ZIP			
TITLE NAME STREET ADDRESS' CITY-ST-ZIP		DO	NOT WRITE
TITLE NAME STREET ADDRESS CITY-ST-ZIP		IN '	THIS SPACE
NAME STREET ADDRESS CITY-ST-ZIP			
TITLE NAME STREET ADDRESS CITY: ST-ZIP			
11. I hereby certify that the information supplied with this filling does not qualify for the exemption stated in Section 139.07(3)(1), 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.			