

2006 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Apr 13, 2006 8:00 am
Secretary of State

04-13-2006 90036 030 ****55.00

DOCUMENT # M03000002748

1. Entity Name
PGC MANAGEMENT, LLC



Principal Place of Business
**401 COMMERCIAL COURT
SUITE A
VENICE, FL 34292**

Mailing Address
**401 COMMERCIAL COURT
SUITE A
VENICE, FL 34292**



2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

03242006 Chg-LLC CR2E083 (11/05)

4. FEI Number
56-2386134

Applied For
☐ Not Applicable

5. Certificate of Status Desired ☒ **\$5.00** Additional Fee Required

6. Name and Address of Current Registered Agent

**TAYLOR, N. BERRY SR.
401 COMMERCIAL COURT
SUITE A
VENICE, FL 34292**

7. Name and Address of New Registered Agent

Name **THOMAS H. TAYLOR, JR**
Street Address (P.O. Box Number is Not Acceptable)
401 COMMERCIAL COURT, SUITE A
City **VENICE, FL** Zip Code **34292**

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 **Thomas H. Taylor, Jr** **THOMAS H. TAYLOR, JR** **4/10/06**
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE

**Filing Fee is \$50.00
Due by May 1, 2006**

**Make check payable to
Florida Department of State**

9. MANAGING MEMBERS/MANAGERS

TITLE **MGR** ☒ Delete
NAME **TAYLOR, N. BERRY SR.**
STREET ADDRESS **401 COMMERCIAL COURT, SUITE A**
CITY-ST-ZIP **VENICE, FL 34292**

10. ADDITIONS/CHANGES

TITLE **MGR** ☐ Change ☒ Addition
NAME **THOMAS H. TAYLOR, JR**
STREET ADDRESS **401 COMMERCIAL CT, STE A**
CITY-ST-ZIP **VENICE, FL 34292**

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
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: **Thomas H. Taylor, Jr** **THOMAS H. TAYLOR, JR, MGR** **4/10/06** **(941) 493-8549**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE Date Daytime Phone #