


2008 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Apr 03, 2008 08:00 AM
Secretary of State

DOCUMENT # M07000002094 1. Entity Name PGMC TALLAHASSEE, LLC	
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Principal Place of Business 9019 OVERLOOK BLVD., SUITE C-2 BRENTWOOD, TN 37027	Mailing Address 9019 OVERLOOK BLVD., SUITE C-2 BRENTWOOD, TN 37027
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DO NOT WRITE IN THIS SPACE



03052008 No Chg-LLC	CR2E083 (12/07)
4. FEI Number 20-5697951	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

C T CORPORATION SYSTEM
 1200 SOUTH PINE ISLAND ROAD
 PLANTATION, FL 33324

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

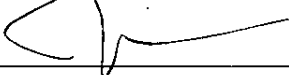
FILE NOW!!! FEE IS \$138.75
After May 1, 2008 Fee will be \$538.75

04/15/08-80006-005 138.75

9. MANAGING MEMBERS/MANAGERS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM PARKER, J. DUDLEY 9019 OVERLOOK BLVD., SUITE C-2 BRENTWOOD, TN 37027
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM GRASS, DENNIS C 9019 OVERLOOK BLVD., SUITE C-2 BRENTWOOD, TN 37027
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM MCREYNOLDS, JOHN F 9019 OVERLOOK BLVD., SUITE C-2 BRENTWOOD, TN 37027
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM MCREYNOLDS, CHARLES F 9019 OVERLOOK BLVD., SUITE C-2 BRENTWOOD, TN 37027
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM MORGAN, DARRELL C 9019 OVERLOOK BLVD., SUITE C-2 BRENTWOOD, TN 37027
TITLE NAME STREET ADDRESS CITY-ST-ZIP	

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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:  **(John McReynolds)** 3/19/08 (615)948-5374

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, OR AUTHORIZED REPRESENTATIVE Date Daytime Phone #