


**2006 LIMITED LIABILITY COMPANY ANNUAL REPORT**

**FILED**  
**Apr 07, 2006 08:00 AM**  
**Secretary of State**

**DOCUMENT # L02000015617**  
 1. Entity Name  
**P & P INVESTMENT GROUP, LLC**



Principal Place of Business      Mailing Address  
**2121 DOUGLAS ROAD, 3RD FLOOR**      **2121 DOUGLAS ROAD, 3RD FLOOR**  
**MIAMI, FL 33145**      **MIAMI, FL 33145**

**DO NOT WRITE IN THIS SPACE**



03212006 No Chg-LLC      CR2E083 (11/05)

4. FEI Number <b>03-0468261</b>	Applied For Not Applicable
5. Certificate of Status Desired <input checked="" type="checkbox"/>	<b>\$5.00</b> Additional Fee Required

6. Name and Address of Current Registered Agent  
**PEREZ, FIDEL A**  
**2121 DOUGLAS ROAD, 3RD FLOOR**  
**MIAMI, FL 33145**

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

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

9. MANAGING MEMBERS/MANAGERS

TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGR PEREZ, FIDEL A 2121 DOUGLAS ROAD, 3RD FLOOR MIAMI, FL 33145
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGR PEREZ-ZARRAGA, DANIEL 2121 DOUGLAS ROAD, 3RD FLOOR MIAMI, FL 33145
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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:**       **April 4, 2006**      **(305) 444-4545**  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, OR AUTHORIZED REPRESENTATIVE      Date      Daytime Phone #