


**2007 LIMITED LIABILITY COMPANY ANNUAL REPORT**

**FILED**  
**Mar 13, 2007 8:00 am**  
**Secretary of State**

03-13-2007 90117 030 \*\*\*\*50.00

**DOCUMENT # L03000036805**

1. Entity Name  
 P & P 4609, L.L.C.



Principal Place of Business  
 1247 ALTON RD.  
 MIAMI BEACH, FL 33139 US

Mailing Address  
 1247 ALTON RD.  
 MIAMI BEACH, FL 33139 US

2. Principal Place of Business - No P.O. Box #  
 2275 Biscayne Blvd  
 Suite, Apt. #, etc.  
 a

3. Mailing Address  
 2275 Biscayne Blvd  
 Suite, Apt. #, etc.  
 a

City & State  
 MIAMI FL

City & State  
 MIAMI FL

Zip  
 33137

Country  
 USA

Zip  
 33137

Country  
 USA

XXXXXXXXXX



03072007 Chg-LLC CR2E083 (12/06)

**6. Name and Address of Current Registered Agent**

DIAZ, OSVALDO J  
 7951 S.W. 40TH STREET  
 SUITE: 206  
 MIAMI, FL 33155

4. FEI Number  
 16-1685495

Applied For  
 Not Applicable

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

**7. Name and Address of New Registered Agent**

Name

Street Address (P.O. Box Number is Not Acceptable)

City **FL** Zip Code

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 \_\_\_\_\_

**Filing Fee is \$50.00 Due by May 1, 2007**

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

9. MANAGING MEMBERS / MANAGERS		10. ADDITIONS / CHANGES	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGR PULIT, GONZALO 1247 ALTON RD. MIAMI BEACH, FL 33139 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGR PASTOR, MARIANO 1247 ALTON RD. MIAMI BEACH, FL 33139 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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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:** *Osvaldo J. Diaz* **3/8/07**  
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE Date Daytime Phone #