


2007 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Mar 06, 2007 8:00 am
Secretary of State

03-06-2007 90078 043 ****50.00

DOCUMENT # L05000063765

1. Entity Name
PPG GROUP L.L.C.



Principal Place of Business
**1247 ALTON ROAD
 MIAMI BEACH, FL 33139**

Mailing Address
**1247 ALTON ROAD
 MIAMI BEACH, FL 33139**

60021408



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

3. Mailing Address **2275 Biscayne Blvd
 Suite #1 Miami, FL 33137**
 Suite, Apt. #, etc.

03012007 Chg-LLC CR2E083 (12/06)

City & State
 City & State

4. FEI Number
20-4499577

Applied For
 Not Applicable

Zip Country Zip Country

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

6. Name and Address of Current Registered Agent

**DIAZ, OSVALDO J
 7951 SW 40TH STREET, SUITE 206
 MIAMI, FL 33155**

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	MGRM GUERRA, LINETTE 1247 ALTON ROAD MIAMI BEACH, FL 33139 <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: *X L Guerra* **3-2-07 305915948**

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