

**2007 LIMITED LIABILITY COMPANY
ANNUAL REPORT**

FILED
Apr 06, 2007 08:00 AM
Secretary of State

DOCUMENT # L05000104358

1. Entity Name
PTM, L.C.



Principal Place of Business
1250 S. BELCHER ROAD, SUITE 160
LARGO, FL 33771

Mailing Address
1250 S. BELCHER ROAD, SUITE 160
LARGO, FL 33771



01232007 No Chg-LLC

CR2E083 (11/05)

DO NOT WRITE IN THIS SPACE

4. FEI Number
20-3679478

Applied For
Not Applicable

5. Certificate of Status Desired ☐

\$5.00 Additional
Fee Required

6. Name and Address of Current Registered Agent

O'CONNOR, PATRICK M ESQ.
C/O O'CONNOR & ASSOCIATES
1250 S. BELCHER ROAD, SUITE 160
LARGO, FL 33771-5207

**DO NOT WRITE
IN THIS SPACE**

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 _____

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, 2007**

U000000694386
04/17/07-80016-022 50.00

9. MANAGING MEMBERS/MANAGERS

| | |
|--|--|
| TITLE NAME STREET ADDRESS CITY - ST - ZIP | MGR O'CONNOR, PATRICK M 1250 S. BELCHER RD. SUITE 160 LARGO, FL 33771 |
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IN THIS SPACE**

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: _____

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, OR AUTHORIZED REPRESENTATIVE

Patrick M. O'Connor
Patrick M. O'Connor

Date

Daytime Phone #

1/23/07
1/23/07 727-539-0800