

# 2008 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L07000126012

**FILED**  
**Mar 28, 2008**  
**Secretary of State**

**Entity Name:** PPS PEARL INVESTMENT, LLC

**Current Principal Place of Business:**

4250 NORTH FEDERAL HIGHWAY  
LIGHTHOUSE POINTE, FL 33064

**New Principal Place of Business:**

4250 NORTH FEDERAL HIGHWAY  
LIGHTHOUSE POINT, FL 33064

**Current Mailing Address:**

4250 NORTH FEDERAL HIGHWAY  
LIGHTHOUSE POINTE, FL 33064

**New Mailing Address:**

FEI Number: 26-1715790

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

**Name and Address of Current Registered Agent:**

CORPORATION COMPANY OF ORLANDO  
300 SOUTH ORANGE AVE., SUITE 1000 (JGH)  
ORLANDO, FL 328015403 US

**Name and Address of New Registered Agent:**

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.

SIGNATURE:

\_\_\_\_\_  
Electronic Signature of Registered Agent

\_\_\_\_\_  
Date

**MANAGING MEMBERS/MANAGERS:**

Title: ( ) Delete  
Name:  
Address:  
City-St-Zip:

Title: ( ) Delete  
Name:  
Address:  
City-St-Zip:

**ADDITIONS/CHANGES:**

Title: MGRM ( ) Change (X) Addition  
Name: SMITH, PHILIP P  
Address: 4250 N FEDERAL HWY  
City-St-Zip: LIGHTHOUSE POINT, FL 33064

Title: CFOV ( ) Change (X) Addition  
Name: DAYHOFF, MICHAEL R  
Address: 4250 N FEDERAL HWY  
City-St-Zip: LIGHTHOUSE POINT, FL 33064

I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Chapter 119, Florida Statutes. I further certify that the information indicated on this report is true and accurate and that my electronic 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: MICHAEL R. DAYHOFF

CFOV

03/28/2008

\_\_\_\_\_  
Electronic Signature of Signing Managing Member, Manager, or Authorized Representative / Date