
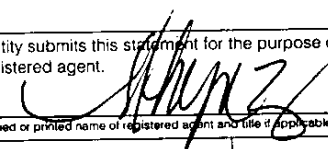


# 2007 LIMITED LIABILITY COMPANY ANNUAL REPORT

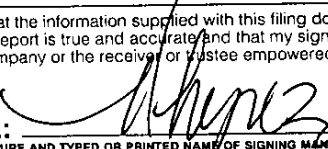
**FILED**  
**Jan 08, 2007 8:00 am**  
**Secretary of State**

01-08-2007 90210 005 \*\*\*\*50.00

|   |         |  |         |
|---|---------|--|---------|
| DOCUMENT # L03000049446   |         |                             |         |
| 1. Entity Name<br>PPL INVESTMENT GROUP L.L.C.   |         |  |         |
| Principal Place of Business<br>2600 DOUGLAS ROAD, <del>SUITE 802</del><br>CORAL GABLES, FL 33134  |         | Mailing Address<br>2600 DOUGLAS ROAD, <del>SUITE 802</del><br>CORAL GABLES, FL 33134                         |         |
| 2. Principal Place of Business - No P.O. Box #  |         | 3. Mailing Address   |         |
| Suite, Apt. #, etc.<br><b>Suite 811</b>   |         | Suite, Apt. #, etc.<br><b>Suite 811</b>  |         |
| City & State  |         | City & State   |         |
| Zip   | Country | Zip  | Country |
| 4. FEI Number<br>20-1853261   |         | Applied For<br>Not Applicable  |         |
| 5. Certificate of Status Desired <input type="checkbox"/>   |         | \$5.00 Additional Fee Required   |         |
| 6. Name and Address of Current Registered Agent   |         | 7. Name and Address of New Registered Agent  |         |
| LOPEZ, VALENTIN<br>2600 DOUGLAS ROAD, <del>SUITE 802</del><br>CORAL GABLES, FL 33134  |         | Name<br>Street Address (P.O. Box Number is Not Acceptable)<br><b>Suite 811</b><br>City<br><b>FL</b> 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   |         | DATE<br><b>1/4/7</b>   |         |
| Signature, typed or printed name of registered agent and title if applicable.   |         | (NOTE: Registered Agent signature required when reinstating)   |         |
| 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<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP | MGRM<br>LOPEZ, VALENTIN<br>2600 DOUGLAS ROAD, <del>SUITE 802</del> <b>Suite 811</b><br>CORAL GABLES, FL 33134 <input type="checkbox"/> Delete | TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP | <b>Suite 811</b> <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP | MGRM<br>PEREZ, MARTINIANO J<br>4000 PONCE DE LEON BLVD., #650<br>CORAL GABLES, FL 33146 <input type="checkbox"/> Delete                       | TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP | <input type="checkbox"/> Change <input type="checkbox"/> Addition                  |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP | <input type="checkbox"/> Delete   | TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP | <input type="checkbox"/> Change <input type="checkbox"/> Addition                  |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP | <input type="checkbox"/> Delete   | TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP | <input type="checkbox"/> Change <input type="checkbox"/> Addition                  |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP | <input type="checkbox"/> Delete   | TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP | <input type="checkbox"/> Change <input type="checkbox"/> Addition                  |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP | <input type="checkbox"/> Delete   | TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP | <input type="checkbox"/> Change <input type="checkbox"/> Addition                  |

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:**  **1/4/7** **3)4446030**  
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE Date Daytime Phone #