


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
PPL INVESTMENT GROUP L.L.C.



Principal Place of Business Mailing Address
2600 DOUGLAS ROAD, SUITE 802 **2600 DOUGLAS ROAD, SUITE 802**
CORAL GABLES, FL 33134 **CORAL GABLES, FL 33134**

2. Principal Place of Business - No P.O. Box # 3. Mailing Address

Suite, Apt. #, etc. Suite, Apt. #, etc.
Suite 811 **Suite 811**

City & State City & State

Zip Country Zip Country

01052007 Chg-LLC CR2E083 (12/06)

4. FEI Number Applied For
20-1853261 Not Applicable

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

6. Name and Address of Current Registered Agent

LOPEZ, VALENTIN
2600 DOUGLAS ROAD, SUITE 802
CORAL GABLES, FL 33134

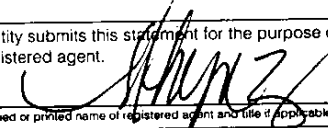
7. Name and Address of New Registered Agent

Name

Street Address (P.O. Box Number is Not Acceptable)
Suite 811

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 **1/4/7**

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

Make check payable to Florida Department of State

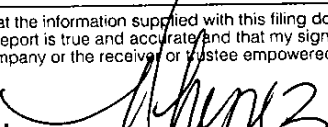
9. MANAGING MEMBERS/MANAGERS

TITLE	MGRM	<input type="checkbox"/> Delete
NAME	LOPEZ, VALENTIN	
STREET ADDRESS	2600 DOUGLAS ROAD, SUITE 802	Suite 811
CITY-ST-ZIP	CORAL GABLES, FL 33134	
TITLE	MGRM	<input type="checkbox"/> Delete
NAME	PEREZ, MARTINIANO J	
STREET ADDRESS	4000 PONCE DE LEON BLVD., #650	
CITY-ST-ZIP	CORAL GABLES, FL 33146	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

10. ADDITIONS/CHANGES

TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	Suite 811	
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

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:  Date **1/4/7** Daytime Phone # **304446030**

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