

2005 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L00000005257

FILED
Apr 27, 2005
Secretary of State

Entity Name: PROFESSIONAL PLANNERS MARKETING GROUP, LLC

Current Principal Place of Business:

636 US HIGHWAY ONE
SUITE 205
NORTH PALM BEACH, FL 33408

New Principal Place of Business:

Current Mailing Address:

PO BOX 14457
NORTH PALM BEACH, FL 334080457

New Mailing Address:

FEI Number: 65-1005744

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

LAMPERT, ANTHONY E
636 US HWY ONE
SUITE 205
NORTH PALM BEACH, FL 33408 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/MEMBERS:

Title: MGRM () Delete
Name: LAMPERT, ARNOLD L CLU
Address: 636 U.S. HWY ONE, SUITE 205
City-St-Zip: NORTH PALM BEACH, FL 33408

Title: MGRM () Delete
Name: LAMPERT, ANTHONY E
Address: 636 U.S. HWY ONE, SUITE 205
City-St-Zip: NORTH PALM BEACH, FL 33408

Title: MGRM () Delete
Name: ALLIANZ LIFE INSURAN, CE
Address: 5701 GOLDEN HILLS DR
City-St-Zip: MINNEAPOLIS, MN 55416

ADDITIONS/CHANGES:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the for the exemption stated in Section 119.07(3)(i), 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: ANTHONY E. LAMPERT

PRES

04/27/2005

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