

2006 LIMITED LIABILITY COMPANY AMENDED ANNUAL REPORT

DOCUMENT # L00000005257

1. Entity Name
PROFESSIONAL PLANNERS MARKETING GROUP, LLC



FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS

06 AUG -7 AM 9:52

Principal Place of Business
636 US HIGHWAY ONE
SUITE 205
NORTH PALM BEACH, FL 33408

Mailing Address
PO BOX 14457
NORTH PALM BEACH, FL 33408-0457

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

08022006 Chg-LLC CR2E083 (11/05)

4. FEI Number
65-1005744

Applied For
Not Applicable

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

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

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

Name

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

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

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

300078733233
08/15/06--01046--025 **\$50.00

Amended AR is \$50.00

Make check payable to
Florida Department of State

9. MANAGING MEMBERS/MANAGERS

10. ADDITIONS/CHANGES

TITLE
NAME
MGRM
LAMPERT, ARNOLD L CLU
STREET ADDRESS
636 U.S. HWY ONE, SUITE 205
CITY-ST-ZIP
NORTH PALM BEACH, FL 33408 ☒ Delete

TITLE
NAME
CEO, MGR
BRIAN BENGLER
STREET ADDRESS
5701 GOLDEN HILLS DR
CITY-ST-ZIP
MINNEAPOLIS MN 55416 ☐ Change ☒ Addition

TITLE
NAME
MGRM
LAMPERT, ANTHONY E
STREET ADDRESS
636 U.S. HWY ONE, SUITE 205
CITY-ST-ZIP
NORTH PALM BEACH, FL 33408 ☒ Delete

TITLE
NAME
PRES, MGR
STEVE SHANDBERG
STREET ADDRESS
636 U.S. HWY ONE, SUITE 205
CITY-ST-ZIP
NORTH PALM BEACH, FL 33408 ☐ Change ☒ Addition

TITLE
NAME
MGRM
ALLIANZ LIFE INSURANCE
STREET ADDRESS
5701 GOLDEN HILLS DR
CITY-ST-ZIP
MINNEAPOLIS, MN 55416 ☒ Delete

TITLE
NAME
SRVP, MGR
DAN TUCKER
STREET ADDRESS
636 U.S. HWY ONE, SUITE 205
CITY-ST-ZIP
NORTH PALM BEACH, FL 33408 ☐ Change ☒ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Delete

TITLE
NAME
VP, MGR
DARRYL CHOLINARD
STREET ADDRESS
5701 GOLDEN HILLS DR.
CITY-ST-ZIP
MINNEAPOLIS MN 55416 ☐ Change ☒ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Delete

TITLE
NAME
CFO and SEC, MGR
RONALD BERGER
STREET ADDRESS
5701 GOLDEN HILLS DR.
CITY-ST-ZIP
MINNEAPOLIS MN 55416 ☐ Change ☒ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Delete

TITLE
NAME
ASST SEC
MELISSA O'DONNELL
STREET ADDRESS
5701 GOLDEN HILLS DR
CITY-ST-ZIP
MINNEAPOLIS MN 55416 ☐ Change ☒ 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:

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

Date

Daytime Phone #

Melissa O'Donnell 8/3/06 763 7666692