

# 2010 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L00000005257

FILED  
Apr 06, 2010  
Secretary of State

**Entity Name:** PROFESSIONAL PLANNERS MARKETING GROUP, LLC

**Current Principal Place of Business:**

636 U.S. HWY ONE,  
STE 205  
NORTH PALM BEACH, FL 33408

**New Principal Place of Business:**

5500 VILLAGE BLVD.  
SUITE 200  
WEST PALM BEACH, FL 33407

**Current Mailing Address:**

636 U.S. HWY ONE,  
STE 205  
NORTH PALM BEACH, FL 33408

**New Mailing Address:**

5500 VILLAGE BLVD.  
SUITE 200  
WEST PALM BEACH, FL 33407

**FEI Number:** 20-5291477

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired ( )**

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

C T CORPORATION SYSTEM  
1200 SOUTH PINE ISLAND ROAD  
PLANTATION, FL 33324 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: MGRM  
Name: BATES, STEVEN MGRM  
Address: 5500 VILLAGE BLVD.SUITE 200  
City-St-Zip: WEST PALM BEACH, FL 33407

Title: MGRM  
Name: PETERSON, BRIAN B MGRM  
Address: 5500 VILLAGE BLVD.SUITE 200  
City-St-Zip: WEST PALM BEACH, FL 33407

Title: MGRM  
Name: THOMAS, ANTHONY G MGRM  
Address: 5500 VILLAGE BLVD.SUITE 200  
City-St-Zip: WEST PALM BEACH, FL 33407

I hereby 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: LAURA LOUIS

POA

04/06/2010

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