

# **2007 LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# L00000008392

**FILED**  
**Mar 28, 2007**  
**Secretary of State**

**Entity Name:** PRINCIPAL PROPERTY INVESTMENTS, L.L.C.

**Current Principal Place of Business:**

38156 MEDICAL CENTER AVE.  
ZEPHYRHILLS, FL 33540

**New Principal Place of Business:**

**Current Mailing Address:**

PO BOX 1807  
ZEPHYRHILLS, FL 33540

**New Mailing Address:**

PO BOX 1807  
ZEPHYRHILLS, FL 33539

**FEI Number:** 59-3658238

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired ( )**

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

HASHMI, HASAN F M.D.  
38156 MEDICAL CENTER AVE.  
ZEPHYRHILLS, FL 33540 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: MGR ( ) Delete  
Name: HASAN FARID HASHMI., MD  
Address: PO BOX 1807  
City-St-Zip: ZEPHYRHILLS, FL 33539

**ADDITIONS/CHANGES:**

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 Chapter 119, 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:** HASAN FARID HASHMI, MD

MGR

03/28/2007

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