2004 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Feb 16, 2004
Secretary of State

DOCUMENT# L00000008508

Entity Name: PTA PROPERTY MANAGEMENT, LLC

Current Principal Place of Business:

555 N.E. 15TH STREET, SUITE 213
MIAMI, FL 33132

New Principal Place of Business:

Current Mailing Address:

555 N.E. 15TH STREET, SUITE 213
MIAMI, FL 33132

New Mailing Address:

FEI Number: 65-1053007 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired (X)**

Name and Address of Current Registered Agent:

OTIS, PITTS JR
555 NE 15TH STREET STE 213
MIAMI, FL 33132 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:	DIVERSIFIED MANAGEME, NT INTERNATION A L, INC.	
Address:	35 NE 40 ST.	
City-St-Zip:	MIAMI, FL 33137	
Title:	MGRM	( ) Delete
Name:	WRP ASSOCIATES, INC.,	
Address:	9822 NE 2 AVE.	
City-St-Zip:	NORTH MIAMI, FL 33138	
Title:	MGRM	( ) Delete
Name:	MASVIDAL PARTNERS, I, NC.	
Address:	2151 LEJEUNE RD., STE. 202	
City-St-Zip:	CORAL GABLES, FL 33134	
Title:	MGRM	( ) Delete
Name:	PENINSULA DEVELOPERS, , INC.	
Address:	555 NE 15 ST., STE. 213	
City-St-Zip:	MIAMI, FL 33132	
Title:	MGRM	( ) Delete
Name:	TEJA ASSOCIATES, INC, .	
Address:	P.O. BOX 601683	
City-St-Zip:	MIAMI, FL 33160	
Title:	MGRM	( ) Delete
Name:	NINETY-NINE ACRES, I, NC.	
Address:	8260 N.W. 156 TERR.	
City-St-Zip:	MIAMI, FL 33016	

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:	
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: OTIS PITTS MGRM 02/16/2004

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