

# 2005 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L00000008508

FILED  
Jan 11, 2005  
Secretary of State

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 INTERNATIONAL 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

01/11/2005

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