

2009 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L00000008508

FILED
Apr 19, 2009
Secretary of State

Entity Name: PTA PROPERTY MANAGEMENT, LLC

Current Principal Place of Business:

6269 NW 7 AVENUE
SUITE 201
MIAMI, FL 33150

New Principal Place of Business:

Current Mailing Address:

6269 NW 7 AVENUE
SUITE 201
MIAMI, FL 33150

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
6269 NW 7 AVENUE
SUITE 201
MIAMI, FL 33150 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 () Delete
Name: DIVERSIFIED MANAGEMENT INTERNATIONAL, 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, INC.
Address: 2151 LEJEUNE RD., STE. 202
City-St-Zip: CORAL GABLES, FL 33134

Title: MGRM () Delete
Name: PENINSULA DEVELOPERS, INC.
Address: 6269 NW 7 AVENUE, SUITE 201
City-St-Zip: MIAMI, FL 33150

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, INC.
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
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Address:
City-St-Zip:

Title: () Change () Addition
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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 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: OTIS PITTS

MGRM

04/19/2009

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