

# 2004 LIMITED LIABILITY COMPANY ANNUAL REPORT

**FILED**  
**Apr 14, 2004 8:00 am**  
**Secretary of State**

04-14-2004 90279 015 \*\*\*\*50.00

**DOCUMENT # L00000012636**

1. Entity Name  
**PPS CHARTER SCHOOLS, LLC**



Principal Place of Business  
**1000 NORTH FEDERAL HIGHWAY  
POMPAÑO BEACH, FL 33062**

Mailing Address  
**1000 NORTH FEDERAL HIGHWAY  
POMPAÑO BEACH, FL 33062**

**24041036**



2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

02052004 Chg-LLC CR2E083 (10/03)

City & State

City & State

4. FEI Number

**65-1047315**

Applied For

Not Applicable

Zip

Country

Zip

Country

5. Certificate of Status Desired ☐

**\$5.00** Additional  
Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

**HUMPHRIES, J. GREGORY  
SHUTTS & BOWEN LLP  
300 S ORANGE AVENUE, SUITE 1000  
ORLANDO, FL 32801-4956**

Name  
**Corporation Company of Orlando**

Street Address (P.O. Box Number is Not Acceptable)

**300 S. Orange Ave., Suite 1000 (JGH)**

City  
**Orlando**

**FL**

Zip Code  
**32801**

8. 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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE *J. Gregory Humphries*  
Signature, typed or printed name of registered agent and title if applicable.

**J. Gregory Humphries, Vice President**

**3-31-04**

(NOTE: Registered Agent signature required when reinstating)

DATE

**Filing Fee is \$50.00  
Due by May 1, 2004**

**Make check payable to  
Florida Department of State**

9. MANAGING MEMBERS/MANAGERS

10. ADDITIONS/CHANGES

TITLE ~~CEO~~ ☐ Delete  
NAME **SMITH, PHILIP P**  
STREET ADDRESS **1000 NORTH FEDERAL HIGHWAY**  
CITY-ST-ZIP **POMPAÑO BEACH, FL 33062**

TITLE **P, S, CEO** ☒ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ~~CFO~~ ☐ Delete  
NAME **DAYHOFF, MICHAEL R**  
STREET ADDRESS **1000 NORTH FEDERAL HIGHWAY**  
CITY-ST-ZIP **POMPAÑO BEACH, FL 33062**

TITLE **VP, AS, T, CFO** ☒ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE **MGRM** ☐ Delete  
NAME **PPS PARTNERS**  
STREET ADDRESS **1000 N. FEDERAL HWY**  
CITY-ST-ZIP **POMPAÑO BEACH, FL 33062**

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE **MGRM** ☐ Delete  
NAME **PHILLIP P & SUSAN SMITH**  
STREET ADDRESS **1000 N. FEDERAL HWY**  
CITY-ST-ZIP **POMPAÑO BEACH, FL 33062**

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE **MGRM** ☐ Delete  
NAME **MICHAEL & PEGGY DAYHOFF**  
STREET ADDRESS **1000 N. FEDERAL HWY**  
CITY-ST-ZIP **POMPAÑO BEACH, FL 33062**

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE **MGRM** ☐ Delete  
NAME **LUTTER, JON & ANNA**  
STREET ADDRESS **1000 N. FEDERAL HWY**  
CITY-ST-ZIP **POMPAÑO BEACH, FL 33062**

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

11. I hereby certify that the information supplied with this filing does not qualify 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 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: *Michael R Dayhoff*

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE

**3/16/04**

Date

**954-867-1234**

Daytime Phone #