

2004 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L01000011204

Entity Name: WEITZ/PPI, LLC

FILED
Jan 13, 2004
Secretary of State

Current Principal Place of Business:

5901 THORNTON AVENUE
DES MOINES, IA 50309

New Principal Place of Business:

Current Mailing Address:

5901 THORNTON AVENUE
DES MOINES, IA 50309

New Mailing Address:

FEI Number: 75-3020854

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

C T CORPORATION SYSTEM
1200 SOUTH PINE ISLAND ROAD
PLANTATION, FL 33324 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: MGR () Delete
Name: BONUS, KENNETH R
Address: 5901 THORNTON AVENUE
City-St-Zip: DES MOINES, IA 50321

Title: MGR () Delete
Name: SNOOK, FRANCIS E
Address: 5901 THORNTON AVENUE
City-St-Zip: DES MOINES, IA 50321

Title: MGR () Delete
Name: CARLSON, JOHN V
Address: 4421 NW 39 AVE BLDG 3
City-St-Zip: GAINESVILLE, FL 32606

Title: MGR () Delete
Name: PERRY, CHARLES R
Address: 4421 NW 39 AVE BLDG 3
City-St-Zip: GAINESVILLE, FL 32606

Title: MGRM () Delete
Name: THE WEITZ COMPANY LL, C
Address: 5901 THORNTON AVENUE
City-St-Zip: DES MOINES, IA 50321

Title: MGRM () Delete
Name: PPI CONSTRUCTION MGM, T
Address: 4421 NW 39 AVNEUE BLDG 3
City-St-Zip: GAINESVILLE, FL 32606

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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Title: () Change () Addition
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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: KENNETH R. BONUS

MGR

01/13/2004

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