

2005 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L01000011204

FILED
Jul 12, 2005
Secretary of State

Entity Name: WEITZ/PPI, LLC

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 ()
In accordance with s. 607.193(2)(b), F.S., the limited liability company did not receive the prior notice.

Name and Address of Current Registered Agent:

Name and Address of New Registered Agent:

C T CORPORATION SYSTEM
1200 SOUTH PINE ISLAND ROAD
PLANTATION, FL 33324 US

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: 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
Name:
Address:
City-St-Zip:

Title: () Change () Addition
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City-St-Zip:

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

MGR

07/12/2005

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