2005 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Jan 10, 2005
Secretary of State

DOCUMENT# L02000006705

Entity Name: PPH PROPERTIES, LLC

Current Principal Place of Business:

165 NE JUNIPER STREET SUITE 100
ISSAQUAH, WA 98027

New Principal Place of Business:

Current Mailing Address:

165 NE JUNIPER STREET SUITE 100
ISSAQUAH, WA 98027

New Mailing Address:

FEI Number: 56-2335798 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

POWER, DAVID G
1150 NE CRESCENT ST
JENSEN BEACH, FL 34957 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: POWER, ROBERT W
Address: 18543 NE 19TH PL
City-St-Zip: BELLEVUE, WA 98008

Title: MGRM ( ) Delete
Name: HOWIE, ROBERT A JR.
Address: 1314 176TH AVE. NE
City-St-Zip: BELLEBVUE, WA 98008

Title: MGRM ( ) Delete
Name: POWER, DAVID G
Address: 1150 NE CRESENT ST.
City-St-Zip: JENSEN BEACH, FL 34957

ADDITIONS/CHANGES:

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

Title: MGRM (X) Change ( ) Addition
Name: HOWIE, ROBERT A JR.
Address: 1613 184TH AVE. NE
City-St-Zip: BELLEBVUE, WA 98008

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: ROBERT A HOWIE JR MEMB 01/10/2005

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