2006 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Jan 10, 2006
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/MANAGERS:

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:	1613 184TH 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:	( ) 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 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: DAVID POWER MR 01/10/2006

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