2003 LIMITED LIABILITY COMPANY UNIFORM BUSINESS REPORT (UBR)

FILED Apr 04, 2003 8:00 am Secretary of State

DOCUMENT # L0200006705 1. Enlity Name PPH PROPERTIES, LLC						03-17	-2003 90003	047 ***	**50.00	
Principal Disc	on of Business	Mailing Address			1		****	r A Å		
Principal Place of Business 165 NE JUNIPER STREET SUITE 100 ISSACUAH WA 99027		165 NE JUNIPER STREET SUITE 100 ISSAQUAH WA 98027								
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2. Principal Place of Business		3. Mailing Address								
Suite, Apt. #, etc.		Suite, Apt. #, etc.			CHECK HERE IF MAKING CHANGES					
City & State		City & State			4. FEI Num	1ber) 56-2:	335798	<u> </u>	pplied For lot Applicable	3
Zip	Country	Zip	Countr	y	5. Certifica	ite of Status Desi		5.00 Ad		
	6. Name and Address of Current R	egistered Agent			7. Name a	nd Address of N	ew Registered A			d i
	COORDINATE GERMANES INIO		[-	Name 1	J-G	Power				-}
A1A CORPORATE SERVICES INC. 218 SOUTHERN COUNTRY LANE			ľ	Street Address (P.O. Box Num	ber is Not Accep				7
QU	INCY FL 32351		. [1120	NE C	resent	S+.	· · · · · · · · · · · · · · · · · · ·		
			1	City	n Bea	eh .	FL	Zip Coo	ie 34857	,
8. The above	named entity submits this statement for	the purpose of changing its re	egisterec	office or register	ed agent, or b	oth, in the State	of Florida, I am fa	miliar with,	and accept	7
SIGNATURE	David G. Power Signature, typed or printed neure of registered agent an	manter 1	Den Registered	of A	when reinstating)		2/20	03	<u> </u>	
		FILE NOV Make Check Payable	W!!! Fl	EE IS \$50.00 rida Departme		e			;	
	:	<u> </u>		1,2003	<u> </u>		<u></u> :	·r	<u> Elw 🗀 </u>	
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NAME '	POWER, ROBERT W	li Deleie						C Change		
STREET ADDRESS CITY-ST-ZIP			, TITLE NAME	`	·			Change	☐ Addition	- 8
	18543 NE 19TH PL BELLEVUE WA 98008		NAME	ADORESS IT-ZIP	·			Change		E083 (10/0
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11. I hereby certify that the information supplied with this filling 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 papter 608. Florida Statutes.

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HE AND TYPED OR PRINTED NAME OF BIGHING MANAGER, MANAGER, OR MUDIORIZED REPRESENTATION

2/20/03

425-852-2550