

**2004 LIMITED LIABILITY COMPANY  
ANNUAL REPORT**

**FILED**  
**Aug 11, 2004 08:00 AM**  
**Secretary of State**

**DOCUMENT # L02000024921**

1. Entity Name  
P.P.C., L.C.



Principal Place of Business  
1841 BRIGHTWATERS BLVD. N.E.  
ST. PETERSBURG, FL 33704

Mailing Address  
1841 BRIGHTWATERS BLVD. N.E.  
ST. PETERSBURG, FL 33704

**DO NOT WRITE IN THIS SPACE**



08022004 No Chg-LLC

CR2E083 (10/03)

4. FEI Number <b>54-2078533</b>	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	<b>\$5.00</b> Additional Fee Required

**6. Name and Address of Current Registered Agent**

O'CONNOR, PATRICK M ESQ.  
C/O O'CONNOR & ASSOCIATES  
2240 BELLEAIR ROAD, SUITE 160  
CLEARWATER, FL 33764

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IN THIS SPACE**

8. 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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

**Filing Fee is \$50.00  
Due by September 8, 2004**

U000000169854  
00/11/04 80001-823 50.00

**9. MANAGING MEMBERS/MANAGERS**

TITLE NAME STREET ADDRESS CITY - ST - ZIP	MGR DESAI, AKSHAY M 1841 BRIGHTWATERS BLVD. NE SAINT PETERSBURG, FL 33704
TITLE NAME STREET ADDRESS CITY - ST - ZIP	MGR DESAI, SEAMA A 1841 BRIGHTWATERS BLVD. NE SAINT PETERSBURG, FL 33704
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IN THIS SPACE**

11. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(f), 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 Chapter 608, Florida Statutes.

**SIGNATURE:**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER OR AUTHORIZED REPRESENTATIVE

Date

Daytime Phone #

*Handwritten signature* 8/4/04 727-898-2181