

2005 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L03000030303

Entity Name: P.P.A., LLC

FILED
Apr 19, 2005
Secretary of State

Current Principal Place of Business:

176 N.E. 82 ST.
MIAMI, FL 33138

New Principal Place of Business:

Current Mailing Address:

176 N.E. 82 ST.
MIAMI, FL 33138

New Mailing Address:

FEI Number: 20-0160959

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

HAGEN & HAGEN, P.A.
3531 GRIFFIN RD.
FT LAUDERDALE, FL 33312 US

Name and Address of New Registered Agent:

PLATT, FELICIA
5401 COLLINS
SUITE 1013
MIAMI BEACH, FL 33140 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: FELICIA PLATT

04/19/2005

Electronic Signature of Registered Agent

Date

MANAGING MEMBERS/MEMBERS:

Title: MGRM () Delete
Name: APOLLON, PIERRE
Address: 176 NE 82ND STREET
City-St-Zip: MIAMI, FL 33138

Title: MGRM () Delete
Name: PLATT, ANDREW
Address: 42 DIAMOND COURT
City-St-Zip: GLEN ROCK, NJ 07452

Title: MGRM () Delete
Name: PLATT, FELICIA
Address: 5401 COLLINS AVENUE, #1013
City-St-Zip: MIAMI BEACH, FL 33140

ADDITIONS/CHANGES:

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

Title: MGRM (X) Change () Addition
Name: PLATT, ANDREW
Address: 43 BRADRICK LANE
City-St-Zip: ALLENDALE, NJ 07401

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: FELICIA PLATT

MGRM

04/19/2005

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