

**2009 LIMITED LIABILITY COMPANY ANNUAL REPORT**

**FILED  
Mar 06, 2009  
Secretary of State**

DOCUMENT# L03000041296

Entity Name: PTPC COMPANY, LLC

**Current Principal Place of Business:**

909 SE 47TH TERRACE  
SUITE 201  
CAPE CORAL, FL 33904 US

**New Principal Place of Business:**

**Current Mailing Address:**

909 SE 47TH TERRACE  
SUITE 201  
CAPE CORAL, FL 33904 US

**New Mailing Address:**

FEI Number: 20-1089796      FEI Number Applied For ( )      FEI Number Not Applicable ( )      Certificate of Status Desired ( )

**Name and Address of Current Registered Agent:**

O'BRIEN, TIM  
2204 SW 48TH TERRACE  
CAPE CORAL, FL 33914 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: MGR ( ) Delete  
Name: O'BRIEN, TIM  
Address: 2204 SW 48TH TERRACE  
City-St-Zip: CAPE CORAL, FL 33914 US

Title: MGR ( ) Delete  
Name: O'BRIEN, PATRICIA  
Address: 2204 SW 48TH TERRACE  
City-St-Zip: CAPE CORAL, FL 33914 US

**ADDITIONS/CHANGES:**

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

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

I hereby certify that the information supplied with this filing does not qualify 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: TIM O'BRIEN

MGR

03/06/2009

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