

2007 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Jan 08, 2007 8:00 am
Secretary of State

01-08-2007 90210 005 ****50.00

DOCUMENT # L03000049446

1. Entity Name
PPL INVESTMENT GROUP L.L.C.



Principal Place of Business
2600 DOUGLAS ROAD, ~~SUITE 802~~
CORAL GABLES, FL 33134

Mailing Address
2600 DOUGLAS ROAD, ~~SUITE 802~~
CORAL GABLES, FL 33134

2. Principal Place of Business - No P.O. Box #

3. Mailing Address

Suite, Apt. #, etc.

Suite 811

Suite, Apt. #, etc.

Suite 811

City & State

City & State

Zip

Country

Zip

Country

01052007

Chg-LLC

CR2E083 (12/06)

4. FEI Number

20-1853261

Applied For

Not Applicable

5. Certificate of Status Desired ☐

**\$5.00 Additional
Fee Required**

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

LOPEZ, VALENTIN
2600 DOUGLAS ROAD, ~~SUITE 802~~
CORAL GABLES, FL 33134

Name

Street Address (P.O. Box Number is Not Acceptable)

Suite 811

City

FL

Zip Code

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

1/4/7

**Filing Fee is \$50.00
Due by May 1, 2007**

**Make check payable to
Florida Department of State**

9. MANAGING MEMBERS/MANAGERS

10. ADDITIONS/CHANGES

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
MGRM
LOPEZ, VALENTIN
2600 DOUGLAS ROAD, ~~SUITE 802~~ *Suite 811*
CORAL GABLES, FL 33134 ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
Suite 811 ☐ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
MGRM
PEREZ, MARTINIANO J
4000 PONCE DE LEON BLVD., #650
CORAL GABLES, FL 33146 ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
☐ Change ☐ Addition

TITLE
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CITY-ST-ZIP
☐ Change ☐ Addition

11. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, 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, MANAGER, OR AUTHORIZED REPRESENTATIVE

1/4/7

Date

3/4446030

Daytime Phone #