

# 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

60000419

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

3. Mailing Address

Suite, Apt. #, etc.  
 Suite 811

Suite, Apt. #, etc.  
 Suite 811

01052007 Chg-LLC CR2E083 (12/06)

City & State

City & State

4. FEI Number  
 20-1853261

Applied For  
 Not Applicable

Zip

Country

Zip

Country

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

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

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

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

TITLE  
 NAME  Change  Addition  
 STREET ADDRESS  
 CITY-ST-ZIP

TITLE  
 NAME  Delete  
 STREET ADDRESS  
 CITY-ST-ZIP

TITLE  
 NAME  Change  Addition  
 STREET ADDRESS  
 CITY-ST-ZIP

TITLE  
 NAME  Delete  
 STREET ADDRESS  
 CITY-ST-ZIP

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

TITLE  
 NAME  Change  Addition  
 STREET ADDRESS  
 CITY-ST-ZIP

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 #