
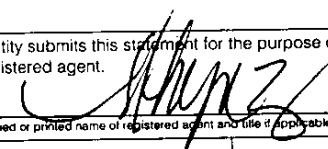


# 2007 LIMITED LIABILITY COMPANY ANNUAL REPORT

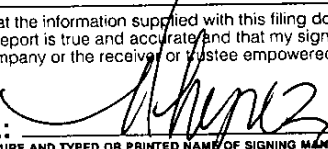
**FILED**  
**Jan 08, 2007 8:00 am**  
**Secretary of State**

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

<b>DOCUMENT # L03000049446</b>			
1. Entity Name PPL INVESTMENT GROUP L.L.C.			
Principal Place of Business 2600 DOUGLAS ROAD, <del>SUITE 802</del> CORAL GABLES, FL 33134		Mailing Address 2600 DOUGLAS ROAD, <del>SUITE 802</del> CORAL GABLES, FL 33134	
2. Principal Place of Business - No P.O. Box #		3. Mailing Address	
Suite, Apt. #, etc. <b>Suite 811</b>		Suite, Apt. #, etc. <b>Suite 811</b>	
City & State		City & State	
Zip	Country	Zip	Country
4. FEI Number <b>20-1853261</b>		Applied For <input type="checkbox"/> Not Applicable	
5. Certificate of Status Desired <input type="checkbox"/>		<b>\$5.00 Additional Fee Required</b>	
6. Name and Address of Current Registered Agent		7. Name and Address of New Registered Agent	
LOPEZ, VALENTIN 2600 DOUGLAS ROAD, <del>SUITE 802</del> CORAL GABLES, FL 33134		Name Street Address (P.O. Box Number is Not Acceptable) <b>Suite 811</b> City <b>FL</b> 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 		DATE <b>1/4/7</b>	
Signature, typed or printed name of registered agent and title if applicable.		(NOTE: Registered Agent signature required when reinstating)	
<b>Filing Fee is \$50.00 Due by May 1, 2007</b>		<b>Make check payable to Florida Department of State</b>	

9. MANAGING MEMBERS/MANAGERS		10. ADDITIONS/CHANGES	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM LOPEZ, VALENTIN 2600 DOUGLAS ROAD, <del>SUITE 802</del> <b>Suite 811</b> CORAL GABLES, FL 33134	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>Suite 811</b>
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM PEREZ, MARTINIANO J 4000 PONCE DE LEON BLVD., #650 CORAL GABLES, FL 33146	TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP		TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP		TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP		TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP		TITLE NAME 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:**  **1/4/7** **3)4446030**  
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE Date Daytime Phone #