

2008 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L03000055170

Entity Name: PPM HOLDINGS, LLC

FILED
Apr 30, 2008
Secretary of State

Current Principal Place of Business:

2223 N. WEST SHORE BLVD.
TAMPA, FL 33607

New Principal Place of Business:

2223 N. WEST SHORE BLVD.
FC-206
TAMPA, FL 33607

Current Mailing Address:

630 CHESTNUT ST
CLEARWATER, FL 33756

New Mailing Address:

FEI Number: 20-0468168

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

MOHIP, AMINIE
630 CHESTNUT ST
CLEARWATER, FL 33756 US

Name and Address of New Registered Agent:

MATTHEWS, LYNN
630 CHESTNUT ST
CLEARWATER, FL 33756 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: LYNN MATTHEWS

04/30/2008

Electronic Signature of Registered Agent

Date

MANAGING MEMBERS/MANAGERS:

Title: MGRM () Delete
Name: MCCOMAS, DAVID
Address: 3797 PRESIDENTIAL CT
City-St-Zip: PALM HARBOR, FL 34685

Title: () Delete
Name:
Address:
City-St-Zip:

Title: () Delete
Name:
Address:
City-St-Zip:

ADDITIONS/CHANGES:

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

Title: MGR () Change (X) Addition
Name: POLITIS, CHRISTOS
Address: 965 S. BAYSHORE BLVD.
City-St-Zip: SAFETY HARBOR, FL 34695 US

Title: MGR () Change (X) Addition
Name: POLITIS, PETER
Address: 965 S. BAYSHORE BLVD.
City-St-Zip: SAFETY HARBOR, FL 34695 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: DAVID MCCOMAS

MGRM

04/30/2008

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