2006 LIMITED LIABILITY COMPANY
ANNUAL REPORT

DOCUMENT # L03000057538

1. Entity Name
PMP PROPERTIES, LLC

Principal Place of Business	Mailing Address
11555 CENTRAL PARKWAY SUITE 200 JACKSONVILLE, FL 32224	11555 CENTRAL PARKWAY SUITE 200 JACKSONVILLE, FL 32224

DO NOT WRITE IN THIS SPACE

04252006 No Chg-LLC   CR2E083 (11/05)

4. FEI Number 80-0093827	Applied For
	Not Applicable

5. Certificate of Status Desired   ☐   **$5.00** Additional Fee Required

6. Name and Address of Current Registered Agent

HOULD, STEPHEN A ESQ
920 3RD STREET STE. D
NEPTUNE BEACH, FL 32266

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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, 2006

U00000559408
05/17/06-80136-002 50.00

9.	MANAGING MEMBERS / MANAGERS
TITLE	MGR
NAME	PELLA, PABLO M.D.
STREET ADDRESS	11555 CENTRAL PARKWAY, # 200
CITY-ST-ZIP	JACKSONVILLE, FL 32224
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
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TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

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IN THIS SPACE

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: _____   5-1-06   904-646-3420
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, OR AUTHORIZED REPRESENTATIVE   Date   Daytime Phone #