2006 LIMITED LIABILITY COMPANY ANNUAL REPORT

DO NOT WRITE IN THIS SPACE

DOCUMENT # L04000022391*

1. Entity Name PPSHF-GP, LLC



FILED Apr 17, 2006 08:00 Al Secretary of State

Principal Place of Business

911 POINCIANA DRIVE PEMBROKE PINES, FL 33023 Mailing Address

911 POINCIANA DRIVE PEMBROKE PINES, FL 33023



04122006 No Chg-LLC

CR2E083 (11/05)

4. FEI Number 33-1113752 Applied For Not Applicable

5. Certificate of Status Desired

\$5.00 Additional Fee Required

6. Name and Address of Current Registered Agent

CIRULLO, MICHAEL D JR. ESQ 3099 E. COMMERCIAL BLVD., SUITE 200 FT. LAUDERDALE, FL 33308

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	named entity submits this statement for the purpose of changing ions of registered agent.	its registered office or registered agent, or both, in the State of Florida. I am familiar with, and accept
SIGNATURE_	Signature, typed or printed name of registered agent and title if applicable. (N	OTE. Registered Agent signature required when reinstating) DATE
		7.E. regiggred right a signature required which remaining
Fi D	lling Fee is \$50.00 ue by May 1, 2006	
9,	MANAGING MEMBERS/MANAGERS	
TITLE NAME STREET ADDRESS CITY+ST-ZIP	MGRM PEMBROKE PINES AFFORDABLE HOUSNG FNDTN,II 911 POINCIANA DRIVE PEMBROKE PINES, FL 33023	uc upnnnn515473 04/29/06-80213-005 50.00
TITLE NAME STREET ADDRESS CITY-ST-ZIP		
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TITLE NAME STREET ADDRESS CITY-ST-ZIP		IN THIS SPACE
TITLE NAME STREET ADDRESS CITY-ST-ZIP		
TITLE NAME		

11. I hereby certify that the information supplied with this filling 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:

STREET ADDRESS CITY-ST-ZIP

DINA

4/13/06

9540771-4000

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, OR AUTHORIZED REPRESENTATIVE

Date

Dayame Phone #