


**2007 LIMITED LIABILITY COMPANY  
ANNUAL REPORT**

**FILED**  
**Mar 21, 2007 08:00 A**  
**Secretary of State**

<b>DOCUMENT # L04000022391</b> 1. Entity Name PPSHF-GP, LLC	
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Principal Place of Business 911 POINCIANA DRIVE PEMBROKE PINES, FL 33023	Mailing Address 911 POINCIANA DRIVE PEMBROKE PINES, FL 33023
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**DO NOT WRITE IN THIS SPACE**



01192007 No Chg-LLC

CR2E083 (11/05)

4. FEI Number 33-1113752	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	<b>\$5.00</b> 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

**DO NOT WRITE  
IN THIS SPACE**

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 \_\_\_\_\_ (NOTE: Registered Agent signature required when reinstating) \_\_\_\_\_ DATE \_\_\_\_\_

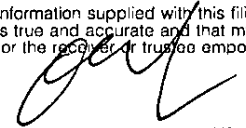
**Filing Fee is \$50.00  
Due by May 1, 2007**

9. MANAGING MEMBERS/MANAGERS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM PEMBROKE PINES AFFORDABLE HOUSNG FNDTN,INC 911 POINCIANA DRIVE PEMBROKE PINES, FL 33023
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03/30/07-80002-008 50.00

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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:**  **ANEA GONZALEZ** **1-22-07** **954-632-7927**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, OR AUTHORIZED REPRESENTATIVE Date Daytime Phone #