2008 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT # L04000022859

1. Entity Name

P.T. GROUP, LLC



60016636

FILED

Mar 24, 2008 8:00 am Secretary of State

03-24-2008 90235 008 ***138.75

Principal Place of Business

7550 BAYSIDE LANE MIAMI, FL 33141 Mailing Address

45 EAST 66TH STREET, APT. 2E NEW YORK, NY 10021-6102

DO NOT WRITE IN THIS SPACE

03112008No Chg-LLC

CR2E083 (12/07)-

4. FEt Number 20-1149802

Applied For Not Applicable

5. Certificate of Status Desired

\$5.00 Additional Fee Required

6. Name and Address of Current Registered Agent

C T CORPORATION SYSTEM 1200 SOUTH PINE ISLAND ROAD PLANTATION, FL 33324

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 The above named entity submits this statement for the purpose of chathe obligations of registered agent. 	inging its registered office or registered agent, or both, in the State of Florida	. I am familiar with, and accept
SIGNATURESignature, typed or printed name of registered agent and title if applicable.	(NOTE: Registered Agent's greature required when reinstating)	DATE
FILE NOW!!! FFF IS \$138.75		

FILE NOW!!! FEE IS \$138.75 After May 1, 2008 Fee will be \$538.75

9.	MANAGING MEMBERS/MANAGERS	PER SERVICE TO SERVICE THE PER SERVICE TO SERVICE TO SERVICE THE S			
TITLE	MGRM				
NAME	FULLUM, TIMOTHY J				
STREET ADDRESS	7550 BAYSIDE LANE				
CITY-ST-ZIP	MIAMI, FL 33141				
TITLE	MGRM				
NAME	FULLUM, PATRICK				
STREET ADDRESS	7550 BAYSIDE LANE				
CITY-\$1-ZIP	MIAMI, FL 33141				
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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					

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 shalf 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:

TIMO THY TULLUR
PRINTED NAME OF SIGNING MANAGING MEMBER OR AUTHORIZED REPRESENTATIVE

3-19-08 212-304-4600

Daytime Pho