
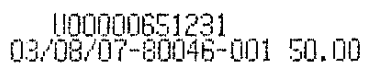


**2007 LIMITED LIABILITY COMPANY
ANNUAL REPORT**

FILED
Feb 28, 2007 08:00 AM
Secretary of State

DOCUMENT # L04000062209 1. Entity Name PP&J PROPERITES L.L.C.			
Principal Place of Business 4110 BAHAMA AVE. MELBOURNE, FL 32901 US		Mailing Address 4110 BAHAMA AVE. MELBOURNE, FL 32901 US	
DO NOT WRITE IN THIS SPACE			
		02262007 No Chg-LLC CR2E083 (11/05)	
		4. FEI Number 20-1606204	Applied For Not Applicable
		5. Certificate of Status Desired <input type="checkbox"/>	\$5.00 Additional Fee Required
6. Name and Address of Current Registered Agent HAYES, PHILLIP J 4110 BAHAMA AVE. MELBOURNE, FL 32901		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		 DO NOT WRITE IN THIS SPACE	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM HAYES, PHILLIP J 4110 BAHAMA AVE. MELBOURNE, FL 32901		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM OLSEN, PAUL A 2555 NE MARIETTA ST. PALM BAY, FL 32905		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM FIJOL, JOSEPH M 911 SHAWNA SHORES HAINES CITY, FL 33844		
TITLE NAME STREET ADDRESS CITY-ST-ZIP			
TITLE NAME STREET ADDRESS CITY-ST-ZIP			
TITLE NAME STREET ADDRESS CITY-ST-ZIP			
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: 		Date: 2/26/07 321-759-5970	
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, OR AUTHORIZED REPRESENTATIVE		Daytime Phone #	