


# 2006 LIMITED LIABILITY COMPANY ANNUAL REPORT

**FILED**  
**Mar 23, 2006 8:00 am**  
**Secretary of State**

03-23-2006 90261 019 \*\*\*\*50.00

<b>DOCUMENT # L04000063290</b>	
1. Entity Name PPK HOLDINGS, L.L.C.	

Principal Place of Business 8323 N.W. 12 STREET, SUITE 104 MIAMI, FL 33126	Mailing Address 8323 N.W. 12 STREET, SUITE 104 MIAMI, FL 33126
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2. Principal Place of Business 1300 NW 84 AVENUE Suite, Apt. #, etc.	3. Mailing Address 1300 NW 84 AVENUE Suite, Apt. #, etc.
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City & State DORAL, FL	City & State DORAL, FL
Zip 33126	Zip 33126
Country USA	Country USA

03172006 Chg-LLC CR2E083 (11/05)

4. FEI Number 20-1779637	Applied For Not Applicable
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5. Certificate of Status Desired <input type="checkbox"/>	\$5.00 Additional Fee Required
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6. Name and Address of Current Registered Agent  PEREZ, EDGARDO 8323 N.W. 12 STREET, SUITE 104 MIAMI, FL 33126	7. Name and Address of New Registered Agent Name PEREZ, EDGARDO Street Address (P.O. Box Number is Not Acceptable) 1300 NW 84 AVENUE City DORAL FL Zip Code 33126
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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.

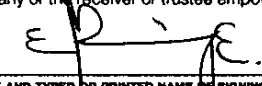
SIGNATURE  DATE \_\_\_\_\_

Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

Filing Fee is \$50.00 Due by May 1, 2006	Make check payable to Florida Department of State
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9. MANAGING MEMBERS/MANAGERS		10. ADDITIONS/CHANGES	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM PASCUAL, MARIO 8323 N.W. 12 STREET, SUITE 104 MIAMI, FL 33126 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	1300 NW 84 AVENUE DORAL, FL 33126 <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM PEREZ, EDGARDO 8323 N.W. 12 STREET, SUITE 104 MIAMI, FL 33126 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	1300 NW 84 AVENUE DORAL, FL 33126 <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM KILIDDJIAN, PETER M 8323 N.W. 12 STREET, SUITE 104 MIAMI, FL 33126 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	1300 NW 84 AVENUE DORAL, FL 33126 <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition

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:  03-17-06 305-592-1363

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