


# 2007 LIMITED LIABILITY COMPANY ANNUAL REPORT

**FILED**

**Mar 19, 2007 08:00 AM**  
**Secretary of State**

<b>DOCUMENT # L04000063290</b> 1. Entity Name PPK HOLDINGS, L.L.C.	
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Principal Place of Business 1300 NW 84 AVE MIAMI, FL 33126	Mailing Address 1300 NW 84 AVE MIAMI, FL 33126
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DO NOT WRITE IN THIS SPACE



03142007No Chg-LLC

CR2E083 (11/05)

4. FEI Number 20-1779637	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  PEREZ, EDGARDO 1300 NW 84 AVE MIAMI, FL 33126	DO NOT WRITE IN THIS SPACE
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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 \_\_\_\_\_ (NOTE: Registered Agent signature required when reinstating) DATE \_\_\_\_\_  
Signature, typed or printed name of registered agent and title if applicable.

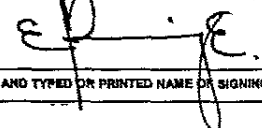
**Filing Fee is \$50.00  
Due by May 1, 2007**

9. MANAGING MEMBERS/MANAGERS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM PASCUAL, MARIO 1300 NW 84 AVE MIAMI, FL 33126
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM PEREZ, EDGARDO 1300 NW 84 AVE MIAMI, FL 33126
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM KILIDJIAN, PETER M 1300 NW 84 AVE MIAMI, FL 33126
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TITLE NAME STREET ADDRESS CITY-ST-ZIP	

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03/27/07-80110-001 50.00

DO NOT WRITE  
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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:**  \_\_\_\_\_  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, OR AUTHORIZED REPRESENTATIVE

Date \_\_\_\_\_ Daytime Phone # \_\_\_\_\_