


**2006 LIMITED LIABILITY COMPANY
ANNUAL REPORT**

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

02-06-2006 90170 013 *****50.00

DOCUMENT # L05000035531		
1. Entity Name PPD FAMILY TRUST LLC		
Principal Place of Business 121 BUENA VISTA COURT ISLAMORADA, FL 33036		Mailing Address 121 BUENA VISTA COURT ISLAMORADA, FL 33036
2. Principal Place of Business		3. Mailing Address
Suite, Apt. #, etc.		Suite, Apt. #, etc.
City & State		City & State 16-1732387
Zip	Country	Zip Country
5. Certificate of Status Desired <input type="checkbox"/>		\$5.00 Additional Fee Required
6. Name and Address of Current Registered Agent		7. Name and Address of New Registered Agent
PISARIS, DIANA J 121 BUENA VISTA COURT ISLAMORADA, FL 33036		Name Street Address (P.O. Box Number is Not Acceptable) City FL Zip Code
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, 2006		Make check payable to Florida Department of State
9. MANAGING MEMBERS/MANAGERS		10. ADDITIONS/CHANGES
TITLE NAME STREET ADDRESS CITY-STATE-ZIP	MGRM DAVIS, MATTHEW 15795 SAN ANTONIO COURT FT. MYERS, FL 33908 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-STATE-ZIP <input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-STATE-ZIP	MGRM PISARIS, PETER 121 BUENA VISTA COURT ISLAMORADA, FL 33036 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-STATE-ZIP <input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-STATE-ZIP	MGRM PISARIS, NICHOLAS 4141 LA PLAYA BLVD. COCONUT GROVE, FL 33133 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-STATE-ZIP <input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-STATE-ZIP	MGRM PISARIS, DIANA J 121 BUENA VISTA COURT ISLAMORADA, FL 33036 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-STATE-ZIP <input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-STATE-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-STATE-ZIP <input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-STATE-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-STATE-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 606, Florida Statutes.		
SIGNATURE: <u>Diana J. Pissaris</u>		Date: <u>2/1/06</u> 305 664 9159
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE		

Corrected 3/9/06



ATTACHMENT

30002967

FLORIDA DEPARTMENT OF STATE
Division of Corporations

February 9, 2006

PPD FAMILY TRUST LLC
121 BUENA VISTA COURT
ISLAMORADA, FL 33036

Subject: PPD FAMILY TRUST LLC

Reference Number: L05000035531

Please be advised, we have received your annual report/uniform business report and your check(s) totaling \$50.00; however, the report **has not been filed** and a copy is being returned for the following correction(s):

The Federal Employer Identification Number listed in Block 4 appears to be invalid. An FEI number is comprised of nine digits and it is not the same as your Social Security number. Please amend your document accordingly. For more information about the FEI number, please call the Internal Revenue Service at 1-800-829-1040.

After the corrections have been made, please return the report to: Division of Corporations, P.O. Box 6478, Tallahassee, Florida 32314 within 30 days from the date of this letter.

If you have additional questions or need further assistance, please call the Division of Corporations at (850) 245-6051.

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ANNUAL REPORTS SECTION