


2007 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Sen **Jul 10, 2007 08:00 AM**
Secretary of State

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
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DO NOT WRITE IN THIS SPACE



07042007No Chg-LLC CR2E083 (11/05)

4. FEI Number 16-1732387	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

PISARIS, DIANA J
 121 BUENA VISTA COURT
 ISLAMORADA, FL 33036

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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 reissuing) DATE _____

**Filing Fee is \$50.00
 Due by September 14, 2007**

9. MANAGING MEMBERS/MANAGERS

TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM DAVIS, MATTHEW 15795 SAN ANTONIO COURT FT. MYERS, FL 33908
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM PISARIS, PETER 121 BUENA VISTA COURT ISLAMORADA, FL 33036
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM PISARIS, NICHOLAS 4141 LA PLAYA BLVD. COCONUT GROVE, FL 33133
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM PISARIS, DIANA J 121 BUENA VISTA COURT ISLAMORADA, FL 33036
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
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 07/10/07-80013-001 50.00

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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: *Diana J. Pizaris* **DIANA J PISARIS** 7/4/07 3056649159

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