

# 2012 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L05000035531

FILED  
Jan 05, 2012  
Secretary of State

Entity Name: PPD FAMILY TRUST LLC

**Current Principal Place of Business:**

121 BUENA VISTA COURT  
ISLAMORADA, FL 33036

**New Principal Place of Business:**

**Current Mailing Address:**

121 BUENA VISTA COURT  
ISLAMORADA, FL 33036

**New Mailing Address:**

FEI Number: 16-1732387

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

**Name and Address of Current Registered Agent:**

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

**Name and Address of New Registered Agent:**

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.

SIGNATURE: \_\_\_\_\_

Electronic Signature of Registered Agent

\_\_\_\_\_ Date

**MANAGING MEMBERS/MANAGERS:**

Title: MGRM  
Name: DAVIS, MATTHEW  
Address: 15795 SAN ANTONIO COURT  
City-St-Zip: FT. MYERS, FL 33908

Title: MGRM  
Name: PISARIS, PETER PISARIS  
Address: 121 BUENA VISTA COURT  
City-St-Zip: ISLAMORADA, FL 33036

Title: MGRM  
Name: PISARIS, NICHOLAS  
Address: 4141 LA PLAYA BLVD.  
City-St-Zip: COCONUT GROVE, FL 33133

Title: MGRM  
Name: PISARIS, DIANA J  
Address: 121 BUENA VISTA COURT  
City-St-Zip: ISLAMORADA, FL 33036

I hereby certify that the information indicated on this report is true and accurate and that my electronic 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 PISARIS

MRS

01/05/2012

\_\_\_\_\_  
Electronic Signature of Signing Managing Member, Manager, or Authorized Representative / Date