2009 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Jan 19, 2009
Secretary of State

DOCUMENT# L05000058794

Entity Name: PMP VENTURES, LLC

Current Principal Place of Business:

417 RIVER STREET
MINNEAPOLIS, MN 55401

New Principal Place of Business:

Current Mailing Address:

417 RIVER STREET
MINNEAPOLIS, MN 55401

New Mailing Address:

FEI Number: 20-3128805 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

WILSON, MICHAEL J
200 SOUTH ORANGE AVENUE
SARASOTA, FL 34236 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	( ) Delete
Name:	PEARSON, TIMOTHY	
Address:	417 RIVER ST.	
City-St-Zip:	MINNEAPOLIS, MN 55401	
Title:	MGRM	( ) Delete
Name:	PEARSON, MARY ANN	
Address:	417 RIVER ST.	
City-St-Zip:	MINNEAPOLIS, MN 55401	
Title:	MGRM	( ) Delete
Name:	MALLOF, JOSEPH T	
Address:	417 RIVER ST.	
City-St-Zip:	MINNEAPOLIS, MN 55401	
Title:	MGR	( ) Delete
Name:	MALLOF, VIRGINIA E	
Address:	417 RIVER ST	
City-St-Zip:	MINNEAPOLIS, MN 55401	
Title:	MGRM	( ) Delete
Name:	PEARSON, PETER D	
Address:	417 RIVER STREET	
City-St-Zip:	MINNEAPOLIS, MN 55401	

ADDITIONS/CHANGES:

Title:	( ) Change ( ) Addition
Name:	
Address:	
City-St-Zip:	
Title:	( ) Change ( ) Addition
Name:	
Address:	
City-St-Zip:	
Title:	( ) Change ( ) Addition
Name:	
Address:	
City-St-Zip:	
Title:	( ) Change ( ) Addition
Name:	
Address:	
City-St-Zip:	
Title:	( ) Change ( ) Addition
Name:	
Address:	
City-St-Zip:	

I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Chapter 119, Florida Statutes. I further 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: PETER D. PEARSON MGRM 01/19/2009

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