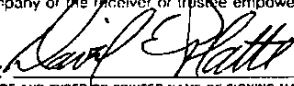


2006 LIMITED LIABILITY COMPANY ANNUAL REPORT (ART)

FILED
May 04, 2006 8:00 am
Secretary of State

04-20-2006 90037 038 ****50.00

DOCUMENT # L05000089009 1. Entity Name PP DEVELOPMENT CENTRAL AMERICA, LLC					
Principal Place of Business 603 INDIAN ROCKS ROAD BELLEAIR FL 33756			Mailing Address 603 INDIAN ROCKS ROAD BELLEAIR FL 33756		
2. Principal Place of Business		3. Mailing Address			
Suite, Apt. #, etc.		Suite, Apt. #, etc.			
City & State		City & State			
Zip	Country	Zip	Country	4. FEI Number 20-3560243	
5. Certificate of Status Desired ☐ \$5.00 Additional Fee Required				Applied For ☐ Not Applicable	
6. Name and Address of Current Registered Agent			7. Name and Address of New Registered Agent		
PLATTE, DAVID E 603 INDIAN ROCKS ROAD BELLEAIR FL 33756			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 filing this) DATE _____					
FILE NOW!!! FEE IS \$50.00 Make Check Payable to Florida Department of State Due By May 1, 2006					
9. MANAGING MEMBERS/MANAGERS			10. ADDITIONS/CHANGES		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM PAVONETTI, NICK 603 INDIAN ROCKS ROAD BELLEAIR FL 33756 ☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM PLATTE, DAVID E 603 INDIAN ROCKS ROAD BELLEAIR FL 33756 ☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition		
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TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition		
11. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Section 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: 			2/22/06		
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING, MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE					