

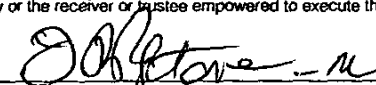


2008 LIMITED LIABILITY COMPANY AMENDED ANNUAL REPORT

DOCUMENT # L05000111415 1. Entity Name PFF HOLDINGS, LLC						<div style="font-size: 2em; font-weight: bold; margin-bottom: 10px;">FILED</div> <div>2008 OCT 29 PM 1:30</div> <div>SECRETARY OF STATE TALLAHASSEE, FLORIDA</div> 	
Principal Place of Business 2500 NORTH MILITARY TRAIL SUITE 200 BOCA RATON, FL 33431				Mailing Address 2500 NORTH MILITARY TRAIL SUITE 200 BOCA RATON, FL 33431			
2. Principal Place of Business - No P.O. Box # Suite, Apt. #, etc.				3. Mailing Address Suite, Apt. #, etc.			
City & State Zip Country				City & State Zip Country			
4. FEI Number 20-3812711				Applied For <input type="checkbox"/> Not Applicable			
5. Certificate of Status Desired <input type="checkbox"/>				\$5.00 Additional Fee Required			
6. Name and Address of Current Registered Agent FOGEL, MITCHELL C 2500 NORTH MILITARY TRAIL SUITE 200 BOCA RATON, FL 33431				7. Name and Address of New Registered Agent 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 _____							
Amended AR is \$50.00				Make check payable to Florida Department of State			
9. MANAGING MEMBERS/MANAGERS				10. ADDITIONS/CHANGES			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM PEPITONE, JOSEPH 2500 NORTH MILITARY TRAIL, SUITE 200 BOCA RATON, FL 33431			TITLE NAME STREET ADDRESS CITY-ST-ZIP	M FRIESEN, GARTH 2500 N. MILITARY TRAIL, SUITE 200 BOCA RATON, FL 33431		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM FOGEL, MITCHELL C 2500 NORTH MILITARY TRAIL, SUITE 200 BOCA RATON, FL 33431			TITLE NAME STREET ADDRESS CITY-ST-ZIP	800137434328 10/29/08--01037--005 **50.00		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM PEPITONE, JASON S 2500 NORTH MILITARY TRAIL, SUITE 200 BOCA RATON, FL 33431			TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	M CASTELLANO, JOSEPH 2500 NORTH MILITARY TRAIL, SUITE 200 BOCA RATON, FL 33431			TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	M CASTELLANO, JOHN 2500 NORTH MILITARY TRAIL, SUITE 200 BOCA RATON, FL 33431			TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	M CASTELLANO, PAUL 2500 NORTH MILITARY TRAIL, SUITE 200 BOCA RATON, FL 33431			TITLE NAME STREET ADDRESS CITY-ST-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 608, Florida Statutes.							
SIGNATURE: 				Date: 7-11-08 Daytime Phone #: 854-574-1311			