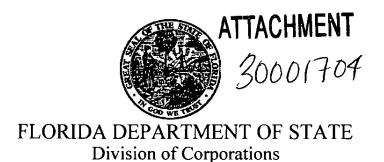
## 2006 LIMITED LIABILITY COMPANY ANNUAL REPORT

## FILED Mar 06, 2006 8:00 am Secretary of State

2/1

DOCUMENT # L05000120885  1. Eraity Name PROFESSIONAL PLANNING TEAM, LLC								02-20-	2006 90	0142 033	****50.0	
Principal Place of Business Mailing Address 150 E. PALMETTO PARK RD., STE 210 150 E. PALMETTO PAR BOCA RATON, FL 33432 BOCA RATON, FL 334					STE 210		30001704					
2. Principal P	Tace of Business		3. Mailing Address									
Suite, Apt. #, etc.			Sulte, Apt. #, etc.			02082006	Chg-LLC	CR2E	083 (11/05)			
City & State			City & State				4. FEI Numb	or 42-168	7812	) A	oplied For	
Zip	Country		Zip Cou		ntry	5. Certificate of Status Desired   \$5.00 A				\$5.00 Add	ditional	
6. Name and Address of Current Registered Agent							7. Name and	Address of New	Registered	Agent		
The same of the sa						Name						
150 E. PAI	IWSKI, ARNALDO LMETTO PARK 1 TON, FL 33432		Street Address (			P.O. Box Numb	per is Not Acceptab	6)		-		
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					City				Fi	- 1		
8. The above	named entity submitt tions of registered age	s this statement for	the purpose of changing it	s register	ed office or	register	ed agent, or bo	xh, in the State of Fl	orida. I err	familiar with.	and accept	
1	-											
SIGNATURE .	Signature, typed or printed n	ame of registered agent s	nd title if applicable. (NO	TE: Registers	d Agent signet,	re required	when remetating)		DATE			
					٠.			1			.:	
Fi a ay Di ay ay ∂'	iling Fee Is \$50. ue by May 1, 20	00 06								payable to nent of Stat	•	
9:		WAGING MEMBE	L RS/MANAGERS	10.				ADDITIONS	/CHANGE	S		
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NAME STREET ADDRESS CITY-ST-ZIP												
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NAME				HALL	E							
STREET ADDRESS CITY-S1-ZIP					ET ADDRESS							
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STREET ADDRESS CITY-ST-ZIP		•			ET ADOFESS - ST-ZIP						. •••	
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NAME	:	- ·.	Deleta	in) NAM		-	• •	$\sum_{i=1}^{n} \frac{1}{i}$		Change	Addition	
STREET ADORESS		-		-	ET ADDRESS	••	•					
CITY-ST-ZIP					-ST-ZIP			•		:	l	
11. Thereby	certify that the informa	tion supplied with	this filing does not quality for	or the exe	mptions cor	ntained i	in Chapter 119,	Florida Statutes, I f	unther certif	y that the info	rmation	
limited lia	soft that report is true is bility company or the	receiver or trustee	that my signature shall have empowered to execute this	report as	s required b	it es if m y Chapt	iade under oatt er 608, Florida	i; inai i am a mana; Statutes.	ging memb	er or manage	rofthe	
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			= 1887 A	`	_		11/	/// //////////////////////////////////		, i-100	- /// -	



February 22, 2006

PROFESSIONAL PLANNING TEAM, LLC 150 E. PALMETTO PARK RD., STE 210 BOCA RATON, FL 33432

Subject: PROFESSIONAL PLANNING TEAM, LLC

Reference Number:

L05000120885

Please be advised, we have received your annual report/uniform business report and your check(s) totaling \$50.00; however, the report <u>has not been filed</u> and a copy is being returned for the following correction(s):

Please complete Block 4 by entering your Federal Employer Identification (FEI) number or by checking the appropriate box. If "APPLIED FOR" is preprinted in Block 4, you MUST now provide the FEI number. A Social Security number is not considered to be the same as the FEI number. For FEI number assistance, call the IRS at (800) 829-1040.

After the corrections have been made, please return the report to: Division of Corporations, P.O. Box 6478, Tallahassee, Florida 32314 within 30 days from the date of this letter.

If you have additional questions or need further assistance, please call the Division of Corporations at (850) 245-6051.

/cj ANNUAL REPORTS SECTION