2009 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Mar 17, 2009
Secretary of State

DOCUMENT# L05000121193

Entity Name: PPE PROPERTIES, L.L.C.

Current Principal Place of Business:

529 VIA TRIPOLI
PUNTA GORDA, FL 33950

New Principal Place of Business:

Current Mailing Address:

27 BREAKNECK ROAD
HUDSON, NH 03051

New Mailing Address:

FEI Number: 01-0798513 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

EATON, HENRY
5888 SOUTHWEST 55TH PLACE
OCALA, FL 34474 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:	FAUTEUX, YVAN G	
Address:	29 LOUISE DRIVE	
City-St-Zip:	LITCHFIELD, NH 03052	
Title:	MGRM	( ) Delete
Name:	POULIOT, STEPHEN R	
Address:	33 BOYDE ROAD	
City-St-Zip:	HUDSON, NH 03051	
Title:	MGRM	( ) Delete
Name:	PLANTE, MARCO	
Address:	124 BUSH HILL ROAD	
City-St-Zip:	HUDSON, NH 03051	
Title:	MGRM	( ) Delete
Name:	EATON, JEFFREY S	
Address:	27 BREAKNECK ROAD	
City-St-Zip:	HUDSON, NH 03051	
Title:	MGRM	( ) Delete
Name:	POULIOT, DONNA J	
Address:	33 BOYD ROAD	
City-St-Zip:	HUDSON, NH 03051	
Title:	MGRM	( ) Delete
Name:	EATON, VICKY M	
Address:	27 BREAKNECK ROAD	
City-St-Zip:	HUDSON, NH 03051	

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:	
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: JEFFREY EATON MGRM 03/17/2009

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