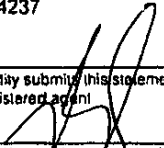
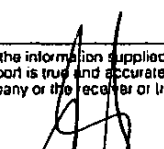


2007 LIMITED LIABILITY COMPANY ANNUAL REPORT

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FILED
Jul 05, 2007 8:00 am
Secretary of State

04-10-2007 90081 036 ****50.00

DOCUMENT # L06000008773 1. Entity Name PTP MANAGEMENT COMPANY, LLC					
Principal Place of Business 2033 MAIN STREET SUITE 500 SARASOTA, FL 34237			Mailing Address 2033 MAIN STREET SUITE 500 SARASOTA, FL 34237		
2. Principal Place of Business - No P.O. Box # 8470 Enterprise Circle S		3. Mailing Address 8470 Enterprise Circle			
Suite, Apt. #, etc. Suite 201		Suite, Apt. #, etc. Suite 201			
City & State Bradenton, FL 34202		City & State Bradenton, FL 34202		4. FEI Number 20-4285648	
Zip 34202		Country USA		5. Certificate of Status Desired ☐ \$5.00 Additional Fee Required	
6. Name and Address of Current Registered Agent PFLUGNER, J GEOFFREY 2033 MAIN STREET SUITE 500 SARASOTA, FL 34237				7. Name and Address of New Registered Agent Name J. E. Santaularia Street Address (P.O. Box Number is Not Acceptable) 1700 Ben Franklin Drive #12-D City Sarasota FL Zip Code 34236	
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 				DATE July 2, 2007	
Filing Fee is \$50.00 Due by September 14, 2007		Make check payable to Florida Department of State			
9. MANAGING MEMBERS/MANAGERS			10. ADDITIONS/CHANGES		
TITLE NAME STREET ADDRESS CITY- ST- ZIP	MGR SANTAULARIA, J E 2033 MAIN STREET, SUITE 500 SARASOTA, FL 34237		TITLE NAME STREET ADDRESS CITY- ST- ZIP	Manager J. E. Santaularia 1700 Ben Franklin Dr. #12-D Sarasota, Florida 34236	
TITLE NAME STREET ADDRESS CITY- ST- ZIP	☐ Delete		TITLE NAME STREET ADDRESS CITY- ST- ZIP	Manager Santaularia, Charles 1460 Little Raven St. #2-407 Denver, CO 30202	
TITLE NAME STREET ADDRESS CITY- ST- ZIP	☐ Delete		TITLE NAME STREET ADDRESS CITY- ST- ZIP	☐ Change ☒ Addition	
TITLE NAME STREET ADDRESS CITY- ST- ZIP	☐ Delete		TITLE NAME STREET ADDRESS CITY- ST- ZIP	☐ Change ☐ Addition	
TITLE NAME STREET ADDRESS CITY- ST- ZIP	☐ Delete		TITLE NAME STREET ADDRESS CITY- ST- ZIP	☐ Change ☐ Addition	
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 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 July 2, 2007	
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE				Daytime Phone # 785.749.0000	

30011433--



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