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Secretary of State

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

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2007 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT # L06000008773

1. Entity Name
PTP MANAGEMENT COMPANY, LLC

30011433--

06112007 Chg-LLC CR2E083 (12/06)

Principal Place of Business	Mailing Address
2033 MAIN STREET SUITE 500 SARASOTA, FL 34237	2033 MAIN STREET SUITE 500 SARASOTA, FL 34237

2. Principal Place of Business - No P.O. Box #		3. Mailing Address	
8470 Enterprise Circle S		8470 Enterprise Circle	
Suite, Apt. #, etc		Suite, Apt #, etc.	
Suite 201		Suite 201	
City & State		City & State	
Bradenton, Fl 34202		Bradenton, FL 34202	
Zip	Country	Zip	Country
34202	USA	34202	USA

4. FEI Number 20-4285648 ☐ Applied For ☐ Not Applicable

5. Certificate of Status Desired ☐ $5.00 Additional Fee Required

6. Name and Address of Current Registered Agent	7. Name and Address of New Registered Agent
PFLUGNER, J GEOFFREY 2033 MAIN STREET SUITE 500 SARASOTA, FL 34237	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 [signature] July 2, 2007
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) DATE

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~~	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	Manager J. E. Santaularia 1700 Ben Franklin Dr. #12-D Sarasota, Florida 34236	☒ Change ☐ Addition
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	☐ 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
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: [signature] July 2, 2007 785.749.0000
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE Date Daytime Phone #