

2009 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L06000008773

FILED
Apr 15, 2009
Secretary of State

Entity Name: PTP MANAGEMENT COMPANY, LLC

Current Principal Place of Business:

4500 BOB BILLINGS PARKWAY
SUITE 100
LAWRENCE, KS 60044 US

New Principal Place of Business:

4500 BOB BILLINGS PARKWAY
SUITE 100
LAWRENCE, KS 66044 US

Current Mailing Address:

4500 BOB BILLINGS PARKWAY
SUITE 100
LAWRENCE, KS 60044 US

New Mailing Address:

4500 BOB BILLINGS PARKWAY
SUITE 100
LAWRENCE, KS 66044 US

FEI Number: 20-4285648

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

SANTAULARIA, JE
1700 BEN FRANKLIN DR #12-D
SARASOTA, FL 34236 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: MGR () Delete
Name: SANTAULARIA, J E
Address: 1700 BEN FRANKLIN DR #12-D
City-St-Zip: SARASOTA, FL 34236

Title: MGR () Delete
Name: SANTAULARIA, CHARLES
Address: 1460 LITTLE RAVEN ST #2-407
City-St-Zip: DENVER, CO 80202

ADDITIONS/CHANGES:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: MGR (X) Change () Addition
Name: SANTAULARIA, CHARLES
Address: 1460 LITTLE RAVEN ST #2-422
City-St-Zip: DENVER, CO 80202

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: J.E. SANTAULARIA

MGR

04/15/2009

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