


**2008 LIMITED LIABILITY COMPANY  
ANNUAL REPORT**

**FILED**  
**Apr 14, 2008 08:00 AM**  
**Secretary of State**

<b>DOCUMENT # L06000031524</b> 1. Entity Name PTAC SA LLC	
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Principal Place of Business 3111 N. UNIVERSITY DRIVE CORAL SPRINGS, FL 33065 US	Mailing Address 9650 NW 42ND STREET CORAL SPRINGS, FL 33065 US
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**DO NOT WRITE IN THIS SPACE**



04072008No Chg-LLC

CR2E083 (12/07)

4. FEI Number NOT APPLICABLE	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$5.00 Additional Fee Required

6. Name and Address of Current Registered Agent

RUFFIN, JOHN W JR.  
9650 NW 42ND STREET  
CORAL SPRINGS, FL 33065

**DO NOT WRITE  
IN THIS SPACE**

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, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE

**FILE NOW!!! FEE IS \$138.75**  
**After May 1, 2008 Fee will be \$538.75**

9. MANAGING MEMBERS/MANAGERS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGR THOMPSON, WILLIAM M MR. 357 ROCK ISLAND ROAD MARGATE, FL 33063
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGR RUFFIN, JOHN W JR. 9650 NW 42ND STREET CORAL SPRINGS, FL 33065
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGR WILLIAMS, SAMUEL 12676 NW 67TH DRIVE PARKLAND, FL 33065
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TITLE NAME STREET ADDRESS CITY-ST-ZIP	

U00000894617  
04/24/08-80034-006 138.75

**DO NOT WRITE  
IN THIS SPACE**

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 AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER OR AUTHORIZED REPRESENTATIVE

4/11/08 954-341-6667  
Date Daytime Phone 4