


2008 LIMITED LIABILITY COMPANY ANNUAL REPORT

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

DOCUMENT # L06000031524
 1. Entity Name
 PTAC SA LLC



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

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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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____

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

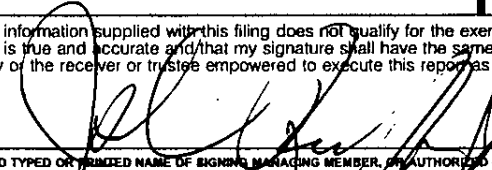
9. MANAGING MEMBERS/MANAGERS

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 PARLKLAND, FL 33065
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TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	

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 04/24/08-80034-008 138.75

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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: 4/11/08 DAYTIME PHONE: 954-341-6667

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