

# 2009 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L06000035344

**FILED**  
**Jan 15, 2009**  
**Secretary of State**

**Entity Name:** P2P HOLDINGS LLC

**Current Principal Place of Business:**

5491 N. UNIVERSITY DRIVE  
SUITE 203  
CORAL SPRINGS, FL 33067

**New Principal Place of Business:**

**Current Mailing Address:**

5491 UNIVERSITY DRIVE, SUITE 203  
CORAL SPRINGS, FL 33067

**New Mailing Address:**

5491 N. UNIVERSITY DRIVE  
SUITE 203  
CORAL SPRINGS, FL 33067

**FEI Number:** 20-4644177

**FEI Number Applied For** ( )

**FEI Number Not Applicable** ( )

**Certificate of Status Desired** ( )

**Name and Address of Current Registered Agent:**

SCUTERO, VITO  
5491 N. UNIVERSITY DRIVE  
SUITE 203  
CORAL SPRINGS, FL 33067 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: MGRM ( ) Delete  
Name: SCUTERO, VITO  
Address: 5491 UNIVERSITY DRIVE, SUITE 203  
City-St-Zip: CORAL SPRINGS, FL 33067

Title: MGRM ( ) Delete  
Name: KATZ, HARRIS  
Address: 5491 UNIVERSITY DRIVE, SUITE 203  
City-St-Zip: CORAL SPRINGS, FL 33067

Title: MGRM ( ) Delete  
Name: SOWELL, JERALD  
Address: 5491 UNIVERSITY DRIVE, SUITE 203  
City-St-Zip: CORAL SPRINGS, FL 33067

**ADDITIONS/CHANGES:**

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

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

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

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: VITO SCUTERO

MGRM

01/15/2009

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