

**2008 LIMITED LIABILITY COMPANY AMENDED ANNUAL REPORT**

DOCUMENT# L06000076879

**FILED**  
**Oct 03, 2008**  
**Secretary of State****Entity Name:** PROFESSIONAL PLANNERS MARKETING GROUP LLC**Current Principal Place of Business:**636 U.S. HIGHWAY ONE  
SUITE 205  
NORTH PALM BEACH, FL 33408**New Principal Place of Business:****Current Mailing Address:**636 U.S. HIGHWAY ONE  
SUITE 205  
NORTH PALM BEACH, FL 33408**New Mailing Address:****FEI Number:** 20-5291477**FEI Number Applied For ( )****FEI Number Not Applicable ( )****Certificate of Status Desired ( )****Name and Address of Current Registered Agent:**SANDBERG, STEVEN J  
636 U.S. HIGHWAY ONE  
SUITE 205  
NORTH PALM BEACH, FL 33408 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: PETERSON, BRIAN  
Address: 5701 GOLDEN HILLS DRIVE  
City-St-Zip: MINNEAPOLIS, MN 55461 USTitle: MGR ( ) Delete  
Name: BILL, GAUMOND  
Address: 5701 GOLDEN HILLS DRIVE  
City-St-Zip: MINNEAPOLIS, MN 55461 USTitle: MGR ( ) Delete  
Name: SANDBERG, STEVEN J  
Address: 636 U.S. HIGHWAY ONE, SUITE 205  
City-St-Zip: NORTH PALM BEACH, FL 33408 USTitle: MGR ( ) Delete  
Name: BATES, STEVEN P  
Address: 636 U.S. HIGHWAY ONE, SUITE 205  
City-St-Zip: NORTH PALM BEACH, FL 33408 USTitle: MGR ( ) Delete  
Name: THOMAS, ANTHONY G  
Address: 5701 GOLDEN HILLS DRIVE  
City-St-Zip: MINNEAPOLIS, MN 55461Title: MGR (X) Delete  
Name: PATIPA, BEN  
Address: 636 U.S. HIGHWAY ONE, SUITE 205  
City-St-Zip: NORTH PALM BEACH, FL 33408**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: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: STEVEN J. SANDBERG

MGR

10/03/2008

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