

2007 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Jul 26, 2007 8:00 am
Secretary of State

07-26-2007 90010 046 ****50.00

DOCUMENT # L06000085388 1. Entity Name P.P.C. OF TAMPA, LLC					
Principal Place of Business 2810 ST. ISABEL STREET TAMPA, FL 33607 US			Mailing Address 2810 ST. ISABEL STREET TAMPA, FL 33607 US		
2. Principal Place of Business - No P.O. Box # 8312 Flowerfield Drive Suite, Apt. #, etc.		3. Mailing Address 8312 Flowerfield Drive Suite, Apt. #, etc.			
City & State Tampa, FL		City & State Tampa, FL		4. FEI Number 20-8586160	
Zip 33615	Country USA	Zip 33615	Country USA	5. Certificate of Status Desired <input type="checkbox"/> \$5.00 Additional Fee Required	
6. Name and Address of Current Registered Agent LAZZARA, PHILIP R ESQUIRE 307 S. BOULEVARD SUITE D TAMPA, FL 33606			7. Name and Address of New Registered Agent Name William F. Paz Street Address (P.O. Box Number is Not Acceptable) 8312 Flowerfield Drive City Tampa FL Zip Code 33615		
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 <u><i>William F. Paz</i></u> DATE <u>7/23/07</u> <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)</small>					
Filing Fee is \$50.00 Due by September 14, 2007		Make check payable to Florida Department of State			
9. MANAGING MEMBERS/MANAGERS			10. ADDITIONS/CHANGES		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM CASTILLO, ORLANDO J 2810 ST. ISABEL STREET TAMPA, FL 33607	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM CASTILLO, CECILIA C 2810 ST. ISABEL STREET TAMPA, FL 33607	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM PAZ, WILLIAM 2810 ST. ISABEL STREET TAMPA, FL 33607	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM PAZ, STELLA 2810 ST. ISABEL STREET TAMPA, FL 33607	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM PICKERING, MICHAEL J 2810 ST. ISABEL STREET TAMPA, FL 33607	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM PICKERING, MICKY S 2810 ST. ISABEL STREET TAMPA, FL 33607	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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: <u><i>William F. Paz</i></u> WILLIAM F. PAZ, MGRM DATE <u>7/23/2007</u> <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE Daytime Phone #</small>					

(813) 884-0032