

2008 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L06000117588

Entity Name: PPAI REFERRAL NETWORK, LLC

FILED
Mar 14, 2008
Secretary of State

Current Principal Place of Business:

345 SADDLEWORTH PLACE BLDG. B SUITE 1
LAKE MARY, FL 32746 US

New Principal Place of Business:

345 SADDLEWORTH PLACE
BLDG. B SUITE 1
LAKE MARY, FL 32746 US

Current Mailing Address:

P.O. BOX 952217
LAKE MARY, FL 32746

New Mailing Address:

FEI Number: 20-8017050

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

CUNEO, RAQUEL B
541 N PALMETTO AVE
SUITE 103
SANFORD, FL 32771 US

Name and Address of New Registered Agent:

CUNEO, RAQUEL B
345 SADDLEWORTH PLACE
LAKE MARY, FL 32746 US

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: RAQUEL CUNEO

03/14/2008

Electronic Signature of Registered Agent

Date

MANAGING MEMBERS/MANAGERS:

Title: MGR () Delete
Name: HAWKINS, BRANDY K MGR
Address: 1829 HARDING AVE
City-St-Zip: SANFORD, FL 32771 US

Title: MGR (X) Delete
Name: CUNEO, RAQUEL B MGR
Address: 345 SADDLEWORTH PL
City-St-Zip: LAKE MARY, FL 32746 US

ADDITIONS/CHANGES:

Title: MGR (X) Change () Addition
Name: CUNEO, RAQUEL B MGR
Address: 345 SADDLEWORTH PLACE
City-St-Zip: LAKE MARY, FL 32746 US

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: RAQUEL CUNEO

MGR

03/14/2008

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