2009 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Jan 30, 2009
Secretary of State

DOCUMENT# L07000044852

Entity Name: PPI HOLDINGS, LLC

Current Principal Place of Business:

8200 N.W. 15TH PLACE, SUITE B
GAINESVILLE, FL 32606

New Principal Place of Business:

Current Mailing Address:

8200 N.W. 15TH PLACE, SUITE B
GAINESVILLE, FL 32606

New Mailing Address:

FEI Number: 20-8953954 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired (X)**

Name and Address of Current Registered Agent:

BUTTS, ROBERT P ESQ.
FISHER, BUTTS, SECHREST & WARNER, P.A.
5203 S.W. 91ST TERRACE, SUITE D
GAINESVILLE, FL 32608 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:	CARLSON, JOHN V	
Address:	8200 NW 15TH PL., STE B	
City-St-Zip:	GAINEVILLE, FL 32606	
Title:	MGR	( ) Delete
Name:	SCORPIO, DOMENIC E	
Address:	8200 NW 15TH PL., STE B	
City-St-Zip:	GAINESVILLE, FL 32606	
Title:	MGR	( ) Delete
Name:	WEINGART, BRECK A	
Address:	8200 NW 15TH PL	
City-St-Zip:	GAINESVILLE, FL 32606	
Title:	MGR	( ) Delete
Name:	LESLIE, BRIAN K	
Address:	8200 NW 15TH PL	
City-St-Zip:	GAINESVILLE, FL 32606	

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:	

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: KATEARA STONER MRS 01/30/2009

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