

# 2009 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L07000055934

FILED  
Mar 20, 2009  
Secretary of State

Entity Name: PP FINANCE LLC

**Current Principal Place of Business:**

5001 WEST LEMON STREET  
TAMPA, FL 33609

**New Principal Place of Business:**

**Current Mailing Address:**

5001 WEST LEMON STREET  
TAMPA, FL 33609

**New Mailing Address:**

FEI Number:                      FEI Number Applied For (X)                      FEI Number Not Applicable ( )                      Certificate of Status Desired (X)

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

PRUBAN, J. TIM  
5001 WEST LEMON STREET  
TAMPA, FL 33609 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: PRUBAN, J. TIM  
Address: 5001 WEST LEMON STREET  
City-St-Zip: TAMPA, FL 33609

Title: MGR ( ) Delete  
Name: PENNACCHIO, JOSEPH A  
Address: 360 CAREY COURT  
City-St-Zip: BLOOMINGDALE, IL 60108

**ADDITIONS/CHANGES:**

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: J TIM PRUBAN

MGRM

03/20/2009

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