

2008 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L07000065512

FILED
May 26, 2008
Secretary of State

Entity Name: PPBD, LLC

Current Principal Place of Business:

5943 BAYVIEW CIRCLE
GULFPORT, FL 33707

New Principal Place of Business:

Current Mailing Address:

5943 BAYVIEW CIRCLE
GULFPORT, FL 33707

New Mailing Address:

2814 KIPPS COLONY DRIVE SOUTH
GULFPORT, FL 33707

FEI Number: 71-1034043

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

ERICKSON, JOHN
5943 BAYVIEW CIRCLE
GULFPORT, FL 33707 US

Name and Address of New Registered Agent:

SHATZ, JAMES
2814 KIPPS COLONY DRIVE SOUTH
GULFPORT, FL 33707 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: JAMES SHATZ

05/26/2008

Electronic Signature of Registered Agent

Date

MANAGING MEMBERS/MANAGERS:

Title: MGRM () Delete
Name: ERICKSON, JOHN
Address: 5943 BAY VIEW CIRCLE
City-St-Zip: GULFPORT, FL 33707 US

Title: MGRM () Delete
Name: SHATZ, JAMES
Address: 5943 BAY VIEW CIRCLE
City-St-Zip: GULFPORT, FL 33707 US

Title: MGRM () Delete
Name: SANCHEZ, GARY
Address: 5943 BAY VIEW CIRCLE
City-St-Zip: GULFPORT, FL 33707 US

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:

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: JAMES SHATZ

MGRM

05/26/2008

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