2009 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Apr 03, 2009
Secretary of State

DOCUMENT# L07000065512

Entity Name: PPBD, LLC

Current Principal Place of Business:

5943 BAYVIEW CIRCLE
GULFPORT, FL 33707

New Principal Place of Business:

Current Mailing Address:

2814 KIPPS COLONY DRIVE SOUTH
GULFPORT, FL 33707

New Mailing Address:

FEI Number: 71-1034043 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

SHATZ, JAMES
2814 KIPPS COLONY DRIVE SOUTH
GULFPORT, FL 33707 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:	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 04/03/2009

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