

# 2004 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L94000000536

FILED  
Apr 19, 2004  
Secretary of State

Entity Name: PPYC FOUNDATION, LIMITED COMPANY

## Current Principal Place of Business:

3601 CAPE COLE BLVD.  
PUNTA GORDA, FL 33955

## New Principal Place of Business:

## Current Mailing Address:

3601 CAPE COLE BLVD.  
PUNTA GORDA, FL 33955

## New Mailing Address:

FEI Number: 65-0502277      FEI Number Applied For ( )      FEI Number Not Applicable ( )      Certificate of Status Desired (X)

## Name and Address of Current Registered Agent:

CLARK, CAROL M  
3601 CAPE COLE BLVD  
PUNTA GORDA, FL 33955      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/MEMBERS:

Title: MGRM ( ) Delete  
Name: CLARK, WALLACE D  
Address: 24203 SAVORY LN  
City-St-Zip: PUNTA GORDA, FL 33955

Title: MGRM ( ) Delete  
Name: CLARK, CAROL M  
Address: 24203 SAVORY LN  
City-St-Zip: PUNTA GORDA, FL 33955

Title: MGRM ( ) Delete  
Name: CLARK, RONALD  
Address: 1401 ISLAMORADA DR  
City-St-Zip: PUNTA GORDA, FL 33955

Title: MGRM ( ) Delete  
Name: DENNIS, JOSEPH W  
Address: 17493 CULLIGAN CT  
City-St-Zip: PUNTA GORDA, FL 33955

Title: MGRM ( ) Delete  
Name: DILLON, GLEN W  
Address: 3230-36C S SHORE DR  
City-St-Zip: PUNTA GORDA, FL 33955

Title: MGRM ( ) Delete  
Name: SISK, JOHN L  
Address: 2150 GULFVIEW RD  
City-St-Zip: PUNTA GORDA, FL 33950

## 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:

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 for the exemption stated in Section 119.07(3)(i), 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: CAROL M. CLARK

MRS.

04/19/2004

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