

2008 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L94000000536

FILED
Mar 17, 2008
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:

MATTHEWS, CAROL
3601 CAPE COLE BLVD
PUNTA GORDA, FL 33955 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: CAROL MATTHEWS

03/17/2008

Electronic Signature of Registered Agent

Date

MANAGING MEMBERS/MANAGERS:

Title: MGRM () Delete
Name: INGERSO, HELEN K
Address: 3230 34C SOUTH SHORE DRIVE
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: 17506 CAPE HORN BLVD
City-St-Zip: PUNTA GORDA, FL 33955

Title: MGRM () Delete
Name: DENNIS, JOSEPH W
Address: 3280 85C SOUTH SHORE DRIVE
City-St-Zip: PUNTA GORDA, FL 33955

Title: MGRM () Delete
Name: WILSON, CHARLOTTE H
Address: 16253 CAPE HORN BLVD
City-St-Zip: PUNTA GORDA, FL 33955

Title: MGRM () Delete
Name: FIELDS, JOHN M
Address: 1107 ISLAMORADA BLVD
City-St-Zip: PUNTA GORDA, FL 33955

ADDITIONS/CHANGES:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: MGRM (X) Change () Addition
Name: MATTHEWS, CAROL
Address: 24203 SAVORY LN
City-St-Zip: PUNTA GORDA, FL 33955

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: CAROL MATTHEWS

MRS

03/17/2008

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