## 2000 UNIFORM BUSINESS REPORT (UBR)

APPROVED AND

00 APR 30 AM 9: 26

SECRETARY OF STATE TALLAHASSEE, FLORIDA

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OCUMENT#	L99000007500

DOCUMENT # 1. Entity Name

PPM GROUP, L.L.C.

Principal Place of Business

Mailing Address

PO BOX 14457

NORTH PALM BEACH FL 33408 NO			NOR	ORTH PALM BEACH FL 33408-0457									
2. Principal Place of Business : 3. N			: 3. Ma	ailing Address					18118 1914) 88411 6		<b>a</b> id i <b>art a</b> idh	<b>66</b> 111 <b>86</b> 41 1 <b>86</b> 1	
Suite, Apt. #, etc. S			Suit	uite, Apt. #, etc.				DO NOT WRITE IN THIS SPACE					
City & State C			City	ity & State			<b>4.</b> FEI	4. FEI Number Applied For Not Applicable					
Zip	Country Zip			p Country			Certificate of Status Desired						
	6. Name	and Address of Curre	nt Register	ed Agent	7. Nan	7. Name and Address of New Registered Agent							
						Name							
LAMPERT, MICHAEL A													
		.akes blvd., ste 9	nn	Street Address (			ddress (P.O. Box	s (P.O. Box Number is Not Acceptable)					
	LM BEACH												
HEST FA	LIVI DEACH	FL 33401									1=: 0 /		
						City				FL	Zip Cod	e	
8. The above	named entity	submits this statement	t for the purp	oose of changing its r	egistere	ed office or	registered agent,	or both, in	the State of Flo	orida.	•		
SIGNATURE .													
	Signature, typed	or printed name of registered ag-	ent and title if app	olicable. (NOTE:	Registere	d Agent signatu	re required when reinsta	iting)		DATE			
				FILE NO Make Check Pay		•							
9.	r	MANAGING MEN	MBERS/MEN	MBERS	10.				ADDITIONS	/CHANGES			
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11. I hereby certify that the information supplied with this filing does not qualify 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 hat my 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 of trustes empowered to execute this report as required by Chapter 608, Florida Statutes.

SIGNATURE: \_

SIGNATURE AND TYPED OF PRINTED NAME OF SIGNING MANAGING MEMBER OR MANAGER

Daytime Phone #