



2005 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Apr 29, 2005 8:00 am
Secretary of State

04-29-2005 90054 044 ****50.00

DOCUMENT # L99000008319					
1. Entity Name PPS AUTO PROPERTIES, LLC					
Principal Place of Business 1000 NORTH FEDERAL HIGHWAY POMPAÑO BEACH, FL 33062			Mailing Address 1000 NORTH FEDERAL HIGHWAY POMPAÑO BEACH, FL 33062		
2. Principal Place of Business 4250 N. Federal Hwy.		3. Mailing Address 4250 N. Federal Hwy.			
Suite, Apt. #, etc.		Suite, Apt. #, etc.			
City & State Lighthouse Point, FL		City & State Lighthouse Point, FL		4. FEI Number 65-0964969	
Zip 33064	Country	Zip 33064	Country	5. Certificate of Status Desired <input type="checkbox"/> \$5.00 Additional Fee Required	
6. Name and Address of Current Registered Agent CORPORATION COMPANY OF ORLANDO 300 S ORANGE AVENUE, SUITE 1000 (JGH) ORLANDO, FL 32801			7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City FL Zip Code		
8. 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. I am familiar with, and accept the obligations of registered agent.					
SIGNATURE _____ (NOTE: Registered Agent signature required when reinstating) DATE _____					
Filing Fee is \$50.00 Due by May 1, 2005		Make check payable to Florida Department of State			
9. MANAGING MEMBERS/MANAGERS			10. ADDITIONS/CHANGES		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM PPS EQUITIES, INC. 1000 NORTH FEDERAL HIGHWAY POMPAÑO BEACH, FL 33062 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition 4250 N. Federal Hwy. Lighthouse Point, FL 33064		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PC SMITH, PHILIP P 1000 NORTH FEDERAL HIGHWAY POMPAÑO BEACH, FL 33062 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition 4250 N. Federal Hwy. Lighthouse Point, FL 33064		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VST DAYHOFF, MICHAEL R 1000 NORTH FEDERAL HIGHWAY POMPAÑO BEACH, FL 33062 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition VP-S-T-CFO 4250 N. Federal Hwy. Lighthouse Point, FL 33064		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VPST MRD EQUITIES INC 1000 N FEDERAL HWY POMPAÑO BEACH, FL 33062 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition MGRM 4250 N. Federal Hwy. Lighthouse Point, FL 33064		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition		
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 that 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 or trustee empowered to execute this report as required by Chapter 606, Florida Statutes.					
SIGNATURE: 		Date: 4/27/05		(954) 867-1234	
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE MICHAEL R. DAYHOFF					

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