2007 LIMITED LIABILITY COMPANY

Apr 27, 2007 8:00 am Secretary of State **ANNUAL REPORT DOCUMENT # L99000008319** 04-27-2007 90039 013 ****50.00 PPS AUTO PROPERTIES, LLC Principal Place of Business 60042638 Mailing Address 4250 N FEDERAL HWY 4250 N FEDERAL HWY LIGHTHOUSE POINT, FL 33064 LIGHTHOUSE POINT, FL 33064 2. Principal Place of Business - No P.O. Box # 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. 02222007 Chg-LLC CR2E083 (12/06) City & State City & State Applied For 4. FEI Number 65-0964969 Not Applicable Zip Country Zip Country \$5.00 Additional 5. Certificate of Status Desired П Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent Name CORPORATION COMPANY OF ORLANDO Street Address (P.O. Box Number is Not Acceptable) 300 S ORANGE AVENUE, SUITE 1000 (JGH) ORLANDO, FL 32801 City 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 SIGNATURE. Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) Filing Fee is \$50.00 Due by May 1, 2007 Make check payable to Florida Department of State MANAGING MEMBERS/MANAGERS ADDITIONS/CHANGES 10. 9. **MGRM** TITLE ☐ Change ☐ Addition TITLE ☐ Delete NAMÉ PPS EQUITIES, INC. NAME STREET ADDRESS 4250 N FEDERAL HWY STREET ADDRESS CITY-ST-ZIP POMPANO BEACH, FL 33064 CITY-ST-ZIP PC ☐ Delete TITLE ☐ Change ☐ Addition TITLE SMITH, PHILIP P NAME NAME STREET ADDRESS STREET ADDRESS 4250 N FEDERAL HWY POMPANO BEACH, FL 33064 CITY-ST-ZIP CITY-ST-ZIP CFO, V, S, T XX Change **ČFO** ■ Addition TITLE ☐ Delete TITLE DAYHOFF, MICHAEL R NAME NAME STREET ADDRESS 4250 N FEDERAL HWY STREET ADDRESS CITY-ST-7IP CITY-ST-ZIP POMPANO BEACH, FL 33064 ☐ Addition TITLE MGRM ☐ Delete TITI F ☐ Change MRD EQUITIES INC NAME NAME STREET ADDRESS STREET ADDRESS 4250 N FEDERAL HWY CITY-ST-ZIP POMPANO BEACH, FL 33064 CITY-ST-7IP □ Change ☐ Addition Defete TITLE TITLE

11. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, 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 608, Florida Statutes.

NAME STREET ADDRESS

TITLE NAME

CITY-ST-ZIP

STREET ADDRESS

CITY-ST-ZIP

☐ Delete

NAME

TITLE

NAME

STREET ADDRESS

STREET ADDRESS

CITY-ST-ZIP

CiTY-ST-ZIP

Michael R.Dayhof

□ Change

☐ Addition

FILED