

2003 LIMITED LIABILITY COMPANY UNIFORM BUSINESS REPORT (UBR)

FILED
Jul 14, 2003 8:00 am
Secretary of State

07-14-2003 90323 002 ****50.00

DOCUMENT # M02000000551

1. Entity Name
PPBL, LLC



Principal Place of Business
**ONE TAMPA CITY CENTER SUITE 2865
NORTHWESTERN MUTUAL LIFE
TAMPA FL 33602**

Mailing Address
**ONE TAMPA CITY CENTER SUITE 2865
NORTHWESTERN MUTUAL LIFE
TAMPA FL 33602**

2. Principal Place of Business
Scully Company

3. Mailing Address
Scully Company

Suite, Apt. #, etc.
801 Old York Road

Suite, Apt. #, etc.
801 Old York Road

City & State
Jenkintown, PA 19046

City & State
Jenkintown, PA 19046

Zip
19046

Country
USAS

Zip
19046

Country
USA



☐ CHECK HERE IF MAKING CHANGES

4. FEI Number **39-0509570**

Applied For
☐ Not Applicable

5. Certificate of Status Desired ☐ **\$5.00** Additional Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

**ROBY, DAVID
ONE TAMPA CITY CENTER SUITE 2865
NORTHWESTERN MUTUAL LIFE
TAMPA FL 33602**

Name
NRAI Services, Inc.
Street Address (P.O. Box Number is Not Acceptable)
526 E. PARK Avenue
City
Tallahassee FL Zip Code
32301

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 *Tina Bonovich*
Signature, typed or printed name of registered agent and title if applicable.

TINA BONOVICH, ASST. SEC.
(NOTE: Registered Agent signature required when reinstating)

5/19/03
DATE

FILE NOW!!! FEE IS \$50.00
Make Check Payable to Florida Department of State
Due By May 1, 2003

9. MANAGING MEMBERS/MANAGERS

10. ADDITIONS/CHANGES

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**MGRM
THE NORTHWESTERN MUTUAL LIFE INSURANCE COM
ONE TAMPA CITY CENTER SUITE 2865
TAMPA FL 33602** ☒ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**SCULLY COMPANY
801 OLD YORK ROAD
JENKINTOWN, PA 19046** ☒ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Change ☐ Addition

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CITY-ST-ZIP ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Change ☐ 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 608, Florida Statutes.

SIGNATURE: *[Signature]*
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE

3/14/03 25-887-8400
Date Daytime Phone #

CR2E083 (10/02)

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