

2014 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L00000008508

Entity Name: PTA PROPERTY MANAGEMENT, LLC**Current Principal Place of Business:**6269 NW 7 AVENUE
SUITE 203
MIAMI, FL 33150**Current Mailing Address:**PO BOX 694725
MIAMI, FL 33269 US**FEI Number:** 65-1053007**Certificate of Status Desired:** Yes**Name and Address of Current Registered Agent:**PENINSULA DEVELOPERS INC.
6269 NW 7 AVENUE
SUITE 203
MIAMI, FL 33150 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:** OTIS PITTS JR.

09/03/2014

Electronic Signature of Registered Agent

Date

Authorized Person(s) Detail :

Title	MGRM
Name	DIVERSIFIED MANAGEMENT INTERNATIONAL, INC.
Address	4471 NW 36TH STREET, SUITE 215
City-State-Zip:	MIAMI FL 33166

Title	MGRM
Name	MASVIDAL PARTNERS, INC.
Address	2121 PONCE DE LEON BLVD, STE. 510
City-State-Zip:	CORAL GABLES FL 33134

Title	MGRM
Name	TEJA ASSOCIATES, INC.
Address	19430 AMBASSADOR COURT
City-State-Zip:	MIAMI FL 33179

Title	MGRM
Name	WRP ASSOCIATES, INC.
Address	340 N.E. 94TH STREET
City-State-Zip:	MIAMI SHORES FL 33138

Title	MGRM
Name	PENINSULA DEVELOPERS, INC.
Address	PO BOX 694725
City-State-Zip:	MIAMI FL 33269

Title	MGRM
Name	NINETY-NINE ACRES, INC.
Address	8260 N.W. 156 TERR.
City-State-Zip:	MIAMI FL 33016

I hereby certify that the information indicated on this report or supplemental 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 605, Florida Statutes; and that my name appears above, or on an attachment with all other like empowered.

SIGNATURE: OTORIA V. PITTSVICE PRESIDENT OF
OPERATIONS

09/03/2014

Electronic Signature of Signing Authorized Person(s) Detail

Date