

**2016 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.

05/03/2016

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. PITTS

VICE PRESIDENT

05/03/2016

Electronic Signature of Signing Authorized Person(s) Detail

Date