2004 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Mar 11, 2004 08:00 AM
Secretary of State

DOCUMENT # L00000007512

1. Entity Name
PDB SHERMAN, LLC

Principal Place of Business	Mailing Address
PO BOX 2346 ORLANDO, FL 32802-2346	PO BOX 2346 ORLANDO, FL 32802-2346

DO NOT WRITE IN THIS SPACE

02112004 No Chg-LLC CR2E083 (10/03)

4. FEI Number
59-3654453
☐ Applied For
☐ Not Applicable

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

6. Name and Address of Current Registered Agent

DEAN MEAD SERVICES, LLC
800 NORTH MAGNOLIA AVENUE, SUITE 1500
ORLANDO, FL 32803

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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 _____ DATE
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, 2004

9. MANAGING MEMBERS/MANAGERS

TITLE	MGR
NAME	PAUL H. SHERMAN REVOCABLE TRUST
STREET ADDRESS	728 KIWI CIRCLE
CITY-ST-ZIP	WINTER PARK, FL 32789
TITLE	MGR
NAME	DOUG SHERMAN REVOCABLE TRUST
STREET ADDRESS	2604 LUCERNE DRIVE
CITY-ST-ZIP	TALLAHASSEE, FL 32303
TITLE	MGR
NAME	BARBARA SHERMAN SIMPSON REVOCABLE TRUST
STREET ADDRESS	137 JAMES CREEK ROAD
CITY-ST-ZIP	SOUTHERN PINE, NC 28387
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

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03/11/04-80053-020 50.00

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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: BARBARA SHERMAN SIMPSON, TRUSTEE, MANAGER 3-01-04 910-692-3875
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, OR AUTHORIZED REPRESENTATIVE — Date — Daytime Phone #