2005 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED Mar 11, 2005 08:00 AM **Secretary of State** DOCUMENT # L00000007512 1. Entity Name PDB SHERMAN, LLC Principal Place of Business Mailing Address PO BOX 2346 PO BOX 2346 ORLANDO, FL 32802-2346 ORLANDO, FL 32802-2346 01212005No Chg-LLC CR2E083 (10/03) DO NOT WRITE IN THIS SPACE 4. FEI Number Applied For 59-3654453 Not Applicable The same of the sa \$5.00 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent DEAN MEAD SERVICES, LLC DO NOT WRITE 800 NORTH MAGNOLIA AVENUE, SUITE 1500 ORLANDO, FL 32803 IN THIS SPACE 3. 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, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) DATE Filing Fee is \$50.00 Due by May 1, 2005 MANAGING MEMBERS/MANAGERS 9. TITLE MGR U00000259463 03/11/05-80026-002 50.00 PAUL H. SHERMAN REVOCABLE TRUST NAME STREET ADDRESS 728 KIWI CIRCLE CITY-ST-ZIP WINTER PARK, FL 32789 TITLE DOUG SHERMAN REVOCABLE TRUST NAME STREET ADDRESS 2604 LUCERNE DRIVE CITY-ST-ZIP TALLAHASSEE, FL 32303 MGR TITLE BARBARA SHERMAN SIMPSON REVOCABLE TRUST NAME STREET ADDRESS 137 JAMES CREEK ROAD DO NOT WRITE SOUTHERN PINE, NC 28387 CITY-ST-ZIP IN THIS SPACE TITT F NAME STREET ADDRESS CITY - ST - ZIP NAME

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 AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, OR AUTHORIZED REPRESENTATIVE

STREET ADDRESS CITY - ST - ZIP TITT F

STREET ADDRESS CITY-ST-2(P

> MANAGER STAKBARA SHERMAN SIMPSON

2/20/05, 910-692-3875