


# 2005 LIMITED LIABILITY COMPANY ANNUAL REPORT

**FILED**  
**Jan 13, 2005 8:00 am**  
**Secretary of State**

01-13-2005 90014 042 \*\*\*\*50.00

<b>DOCUMENT # L03000036896</b> 1. Entity Name PD LLC																																													
Principal Place of Business 202 JEAN LAFITTE BLVD FERNANDINA BEACH, FL 32034		Mailing Address 202 JEAN LAFITTE BLVD FERNANDINA BEACH, FL 32034																																											
2. Principal Place of Business  Suite, Apt. #, etc.		3. Mailing Address <b>PO BOX 810</b>  Suite, Apt. #, etc.																																											
City & State  Zip      Country		City & State <b>FERNANDINA BEACH FL</b> Zip      Country <b>32035</b>																																											
4. FEI Number 56-2421568		Applied For <input type="checkbox"/> Not Applicable																																											
5. Certificate of Status Desired <input type="checkbox"/>		<b>\$5.00</b> Additional Fee Required																																											
6. Name and Address of Current Registered Agent  DOYLE, WILLIAM A 202 JEAN LAFITTE BLVD FERNANDINA BEACH, FL 32034		7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City <b>FL</b> Zip Code																																											
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 _____ (NOTE: Registered Agent signature required when reinstating)      DATE _____																																													
<b>Filing Fee is \$50.00 Due by May 1, 2005</b>		<b>Make check payable to Florida Department of State</b>																																											
9. MANAGING MEMBERS/MANAGERS <table border="1" style="width:100%; border-collapse: collapse;"> <tr> <td style="width:15%;">TITLE NAME STREET ADDRESS CITY-ST-ZIP</td> <td style="width:65%;"> <b>MGR DOYLE, WILLIAM A 202 JEAN LAFITTE BLVD FERNANDINA BEACH, FL 32034</b> </td> <td style="width:20%; text-align: right;"> <input type="checkbox"/> Delete         </td> </tr> <tr><td colspan="3"> </td></tr> <tr><td colspan="3"> </td></tr> <tr><td colspan="3"> </td></tr> <tr><td colspan="3"> </td></tr> <tr><td colspan="3"> </td></tr> <tr><td colspan="3"> </td></tr> </table>		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>MGR DOYLE, WILLIAM A 202 JEAN LAFITTE BLVD FERNANDINA BEACH, FL 32034</b>	<input type="checkbox"/> Delete																			10. ADDITIONS/CHANGES <table border="1" style="width:100%; border-collapse: collapse;"> <tr> <td style="width:15%;">TITLE NAME STREET ADDRESS CITY-ST-ZIP</td> <td style="width:65%;"> <input type="checkbox"/> Change      <input type="checkbox"/> Addition         </td> <td style="width:20%;"></td> </tr> <tr><td colspan="3"> </td></tr> <tr><td colspan="3"> </td></tr> <tr><td colspan="3"> </td></tr> <tr><td colspan="3"> </td></tr> <tr><td colspan="3"> </td></tr> <tr><td colspan="3"> </td></tr> </table>		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition																			
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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 <u><i>William A Doyle</i></u> <b>William A. Doyle Jr.</b> 1/17/2005 904-5562450 <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE      Date      Daytime Phone #</small>																																													