

2006 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L00000007512

Entity Name: PDB SHERMAN, LLC

FILED
Feb 21, 2006
Secretary of State

Current Principal Place of Business:

PO BOX 2346
ORLANDO, FL 328022346

New Principal Place of Business:

Current Mailing Address:

PO BOX 2346
ORLANDO, FL 328022346

New Mailing Address:

FEI Number: 59-3654453

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

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

Name and Address of New Registered Agent:

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:

Electronic Signature of Registered Agent

Date

MANAGING MEMBERS/MANAGERS:

Title: MGR () Delete
Name: PAUL H. SHERMAN REVO, CABLE TRUST
Address: 728 KIWI CIRCLE
City-St-Zip: WINTER PARK, FL 32789

Title: MGR () Delete
Name: DOUG SHERMAN REVOCAB, LE TRUST
Address: 2604 LUCERNE DRIVE
City-St-Zip: TALLAHASSEE, FL 32303

Title: MGR (X) Delete
Name: BARBARA SHERMAN SIMP, SON REVOCABLE T RUST
Address: 137 JAMES CREEK ROAD
City-St-Zip: SOUTHERN PINE, NC 28387

ADDITIONS/CHANGES:

Title: MGR (X) Change () Addition
Name: DOUG SHERMAN REVOCAB, LE TRUST
Address: 2604 LUCERNE DRIVE
City-St-Zip: TALLAHASSEE, FL 32303

Title: MGR (X) Change () Addition
Name: BARBARA SHERMAN SIMP, SON REVOCABLE T RUST
Address: 137 JAMES CREEK ROAD
City-St-Zip: SOUTHERN PINE, NC 28387

Title: () Change () Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the for the exemption stated in Chapter 119, Florida Statutes. I further certify that the information indicated on this 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 608, Florida Statutes.

SIGNATURE: BARBARA SHERMAN SIMPSON

MGR

02/21/2006

Electronic Signature of Signing Managing Member, Manager, or Authorized Representative / Date