

# 2007 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L00000007512

Entity Name: PDB SHERMAN, LLC

FILED  
Mar 20, 2007  
Secretary of State

**Current Principal Place of Business:**

PO BOX 2346  
ORLANDO, FL 328022346

**New Principal Place of Business:**

800 N MAGNOLIA AVE  
1500  
ORLANDO, FL 32803

**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: DOUG SHERMAN REVOCAB, LE TRUST  
Address: 2604 LUCERNE DRIVE  
City-St-Zip: TALLAHASSEE, FL 32303

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

**ADDITIONS/CHANGES:**

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

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

03/20/2007

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