## 2007 LIMITED LIABILITY COMPANY ANNUAL REPORT

SIGNATURE: SIGNATURE AND TYPED OR PRINCED NAME OF BIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE

## Mar 14, 2007 8:00 am Secretary of State **DOCUMENT # L00000015102** 03-14-2007 90209 049 \*\*\*\*50.00 PDT INVESTMENTS, L.L.C. Principal Place of Business **EUUS 2026** Mailing Address 8211 WEST BROWARD BLVD 8211 WEST BROWARD BLVD STE 350 **STE 350** PLANTATION, FL 33324 PLANTATION, FL 33324 2. Principal Place of Business - No P.O. Box # 3. Mailing Address 490 Sawgrass Corporate Parkway 490 Sawgrass Corporate Parkway Suite, Apt. #, etc. Suite, Apt. #, etc. 01312007 CR2E083 (12/06) Suite 310 Suite 310 City & State City & State 4. FEI Number Applied For Sunrise, Florida Sunrise, Florida 65-1081926 Not Applicable Country Country \$5.00 Additional 33325 5. Certificate of Status Desired USA 33325 USA Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent Numer Gutta, Frank **GUTTA, FRANK** Street Address (P.O. Box Number is Not Acceptable) 490 Sawgrass Corporate Parkway 8211 WEST BROWARD BLVD **STE 350** PLANTATION, FL 33324 Suite 310 Zip Code 33325 Sunrise 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 Spend or primed name of requirents agent and little if applicable. Filing Fee is \$50.00 Due by May 1, 2007 -- Make check payable to Florida Department of State MANAGING NEMBERS/MANAGERS 9. ADDITIONS/CHANGES 10. TITLE TITLE MGRM ☐ Defete Change Addition YAGO, PETER Jago, Peter NAME NAME STEET ADDRESS 8211 W BROWARD BLVD STE 350 490 Sawgrass Corporate Parkway Suite 310 STREET ADDRESS Sunrise, Florida 33325 CITY-ST-ZIP PLANTATION, FL 33324 CITY-ST-ZIP MGR TITLE ☐ Delete TITLE XX Change ☐ Addition Gutta, Frank **GUTTA, FRANK** NAME NAME 490 Sawgrass Corporate Parkway Suite 310 STFEET ADDRESS 8211 W BROWARD BLVD #350 STREET ADDRESS Sunrise, Florida 33325 CITY-ST-ZIP PLANTATION, FL 33324 CITY-ST-ZIP TITLE ☐ Delete TITLE □ Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-7/P TITLE ☐ Defete TITLE Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-5"-7IP CITY-ST-ZIP TITLE ☐ Delete TITLE ☐ Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY - ST - ZIP CITY-ST-ZIP ☐ Delete TITLE ☐ Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-7IP 11. Thereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, 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 turspe empowered to execute this report as required by Chapter 608, Florida Statutes.

**FILED** 

3/8/07

Daytime Phone #