

# 2007 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L01000004645

Entity Name: PD COSTA MAYA, L.C.

FILED  
Mar 29, 2007  
Secretary of State

## Current Principal Place of Business:

1512 E. BROWARD BLVD., STE. 200  
FT LAUDERDALE, FL 33301

## New Principal Place of Business:

1510 S.E. 17TH STREET  
SUITE 400-A  
FT LAUDERDALE, FL 33316

## Current Mailing Address:

1512 E. BROWARD BLVD., STE. 200  
FT LAUDERDALE, FL 33301

## New Mailing Address:

1510 S.E. 17TH STREET  
SUITE 400-A  
FT LAUDERDALE, FL 33316

FEI Number: 65-1099104

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

## Name and Address of Current Registered Agent:

MCCRORY, J. WALTER  
1512 E. BROWARD BLVD., STE. 200  
FT LAUDERDALE, FL 33301 US

## Name and Address of New Registered Agent:

MCCRORY, J. WALTER  
1510 S.E. 17TH STREET  
SUITE 400-A  
FT LAUDERDALE, FL 33316 US

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: J. WALTER MCCORRY

03/29/2007

Electronic Signature of Registered Agent

Date

## MANAGING MEMBERS/MANAGERS:

Title: MGRM ( ) Delete  
Name: MCCORRY, J. WALTER  
Address: 1512 E BROWARD BLVD #200  
City-St-Zip: FORT LAUDERDALE, FL 33301

## ADDITIONS/CHANGES:

Title: MGRM (X) Change ( ) Addition  
Name: MCCORRY, J. WALTER  
Address: 1510 S.E. 17TH STREET, SUITE 400-A  
City-St-Zip: FORT LAUDERDALE, FL 33316

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: J. WALTER MCCORRY

MGRM

03/29/2007

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