

2005 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Apr 28, 2005 08:00 AM
Secretary of State

DOCUMENT # L01000008565

1. Entity Name
PDT INVESTMENTS #2, LLC



Principal Place of Business
8211 W BROWARD BLVD.
SUITE 350
PLANTATION, FL 33324

Mailing Address
8211 W BROWARD BLVD.
SUITE 350
PLANTATION, FL 33324



01042005No Chg-LLC

CR2E083 (10/03)

DO NOT WRITE IN THIS SPACE

4. FEI Number
65-1107682

Applied For
Not Applicable

5. Certificate of Status Desired ☐

\$5.00 Additional
Fee Required

6. Name and Address of Current Registered Agent

GUTTA, FRANK
8211 WEST BROWARD BLVD.
SUITE 350
PLANTATION, FL 33324

**DO NOT WRITE
IN THIS SPACE**

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 _____

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE _____

**Filing Fee is \$50.00
Due by May 1, 2005**

9. MANAGING MEMBERS/MANAGERS

TITLE	MGRM
NAME	YAGO, PETER
STREET ADDRESS	8211 W BROWARD BLVD. SUITE 350
CITY- ST- ZIP	PLANTATION, FL 33324

TITLE	MGR
NAME	GUTTA, FRANK
STREET ADDRESS	8211 W BROWARD BLVD. #350
CITY- ST- ZIP	PLANTATION, FL 33324

TITLE	
NAME	
STREET ADDRESS	
CITY- ST- ZIP	

TITLE	
NAME	
STREET ADDRESS	
CITY- ST- ZIP	

TITLE	
NAME	
STREET ADDRESS	
CITY- ST- ZIP	

TITLE	
NAME	
STREET ADDRESS	
CITY- ST- ZIP	

**DO NOT WRITE
IN THIS SPACE**

04/28/05-80089-022 50.00

11. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(f), 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: _____

Signature and typed or printed name of signing managing member or authorized representative

1/28/05

954-452-8815