

2009 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L01000008565

FILED
Mar 02, 2009
Secretary of State

Entity Name: PDT INVESTMENTS #2, LLC

Current Principal Place of Business:

490 SAWGRASS CORP PKWY
STE 310
SUNRISE, FL 33325

Current Mailing Address:

7369 SHERIDAN ST, STE 201
HOLLYWOOD, FL 33024

New Principal Place of Business:

490 SAWGRASS CORPORATE PARKWAY
STE 310
SUNRISE, FL 33325

New Mailing Address:

490 SAWGRASS CORPORATE PARKWAY
STE 310
SUNRISE, FL 33325

FEI Number: 65-1107682

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

GUTTA, FRANK
490 SAWGRASS CORPORATE PKWY STE 310
SUNRISE, FL 33325 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: MGRM () Delete
Name: YAGO, PETER
Address: 490 SAWGRASS CORP PKWY STE 310
City-St-Zip: SUNRISE, FL 33325

Title: MGR () Delete
Name: GUTTA, FRANK
Address: 490 SAWGRASS CORP PKWY STE 310
City-St-Zip: WESTON, FL 33325

ADDITIONS/CHANGES:

Title: MGRM (X) Change () Addition
Name: JAGO, DONOVAN
Address: 490 SAWGRASS CORP PKWY STE 310
City-St-Zip: SUNRISE, FL 33325

Title: MGR (X) Change () Addition
Name: GUTTA, FRANK
Address: 490 SAWGRASS CORP PKWY STE 310
City-St-Zip: SUNRISE, FL 33325

I hereby certify that the information supplied with this filing does not qualify 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: DONOVAN JAGO

MGRM

03/02/2009

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