2004 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Apr 26, 2004 8:00 am
Secretary of State
04-26-2004 90047 006 ****50.00

DOCUMENT # L01000016344

1. Entity Name
PDI LEASING LLC

Principal Place of Business	Mailing Address
6353 W. ROGERS CIRCLE, BAY 6 BOCA RATON, FL 33487	6353 W. ROGERS CIRCLE, BAY 6 BOCA RATON, FL 33487

02052004 Chg-LLC CR2E083 (10/03)

2. Principal Place of Business	3. Mailing Address
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State	City & State
Zip / Country	Zip / Country

4. FEI Number
65-1152740
☐ Applied For
☐ Not Applicable

5. Certificate of Status Desired ☐ **$5.00** Additional Fee Required

6. Name and Address of Current Registered Agent	7. Name and Address of New Registered Agent
EDELMAN, BARBARA 6353 W ROGERS CIR #6 BOCA RATON, FL 33487	Name Street Address (P.O. Box Number is Not Acceptable) City **FL** Zip Code

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.) (TITLE: Registered Agent's signature required when changing) DATE

Filing Fee is $50.00
Due by May 1, 2004

Make check payable to
Florida Department of State

9. MANAGING MEMBERS/MANAGERS			10. ADDITIONS/CHANGES		
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	MGRM EDELAMN, DONALD 6353 W. ROGERS CIRCLE, BAY 6 BOCA RATON, FL 33487	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	MGR EDELMAN, Jonathan 6353 W. Rogers Circle #6 Boca Raton, FL 33487	☐ Change ☑ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	MGRM SALCITO, NICK 6353 W. ROGERS CIRCLE, BAY 6 BOCA RATON, FL 33487	☒ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	MGR EDELMAN, MICHAEL 6353 W. Rogers Circle #6 Boca Raton, FL 33487	☐ Change ☑ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	MGRM EDELMAN, BARBARA 6353 W. ROGERS CIRCLE, BAY 6 BOCA RATON, FL 33487	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	MGR DOTSON, GEORGE 6353 W. ROGERS CIRCLE, BAY 6 BOCA RATON, FL 33487	☒ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	MGR EDELMAN, LEONARD D 6353 W. ROGERS CIRCLE, BAY 6 BOCA RATON, FL 33487	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	MGR GRAY, MELVIN 6353 W. ROGERS CIRCLE, BAY 6 BOCA RATON, FL 33487	☒ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Change ☐ Addition

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

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE Date Daytime Phone #