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FILED

Apr 25, 2005 08:00 A
Secretary of State

**2005 LIMITED LIABILITY COMPANY
ANNUAL REPORT**

DOCUMENT # L01000016344

1. Entity Name
PDI LEASING LLC



Principal Place of Business

6353 W. ROGERS CIRCLE, BAY 6
BOCA RATON, FL 33487

Mailing Address

6353 W. ROGERS CIRCLE, BAY 6
BOCA RATON, FL 33487



04192005No Chg-LLC

CR2E083 (10/03)

DO NOT WRITE IN THIS SPACE

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

EDELMAN, BARBARA
6353 W ROGERS CIR #6
BOCA RATON, FL 33487

**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**

UN00000330734
04/25/05-80133-006 50.00

9. MANAGING MEMBERS/MANAGERS

TITLE	MGRM
NAME	EDELMAN, DONALD
STREET ADDRESS	6353 W. ROGERS CIRCLE, BAY 6
CITY-ST-ZIP	BOCA RATON, FL 33487
TITLE	MGR
NAME	EDELMAN, JONATHAN
STREET ADDRESS	6353 W. ROGERS CIRCLE, BAY 6
CITY-ST-ZIP	BOCA RATON, FL 33487
TITLE	MGRM
NAME	EDELMAN, BARBARA
STREET ADDRESS	6353 W. ROGERS CIRCLE, BAY 6
CITY-ST-ZIP	BOCA RATON, FL 33487
TITLE	MGR
NAME	EDELMAN, MICHAEL
STREET ADDRESS	6353 W. ROGERS CIRCLE, BAY 6
CITY-ST-ZIP	BOCA RATON, FL 33487
TITLE	MGR
NAME	EDELMAN, LEONARD D
STREET ADDRESS	6353 W. ROGERS CIRCLE, BAY 6
CITY-ST-ZIP	BOCA RATON, FL 33487
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

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IN THIS SPACE**

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. Edelman

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, OR AUTHORIZED REPRESENTATIVE

Date

Daytime Phone #