


**2006 LIMITED LIABILITY COMPANY  
ANNUAL REPORT**

**FILED**  
**Apr 24, 2006 08:00 AM**  
**Secretary of State**

<b>DOCUMENT # L01000016344</b> 1. Entity Name PDI LEASING LLC	
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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
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04192006No Chg-LLC CR2E083 (11/05)

**DO NOT WRITE IN THIS SPACE**

4. FEI Number 65-1152740	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	<b>\$5.00</b> Additional Fee Required

6. Name and Address of Current Registered Agent  EDELMAN, BARBARA 6353 W ROGERS CIR #6 BOCA RATON, FL 33487
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**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 \_\_\_\_\_ (NOTE: Registered Agent signature required when reinstalling) \_\_\_\_\_ DATE \_\_\_\_\_  
Signature, typed or printed name of registered agent and title if applicable

**Filing Fee is \$50.00  
Due by May 1, 2006**

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

11000000532817  
05/06/06-801100-004 50.00

**DO NOT WRITE  
IN THIS SPACE**

11. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, 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 (BARBARA EDELMAN) 4-15-06 561-998-0600  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, OR AUTHORIZED REPRESENTATIVE Date Daytime Phone #