2008 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
May 01, 2008
Secretary of State

DOCUMENT# L01000016344

Entity Name: PDI LEASING LLC

Current Principal Place of Business:

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

New Principal Place of Business:

Current Mailing Address:

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

New Mailing Address:

FEI Number: 65-1152740 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**
In accordance with s. 607.193(2)(b), F.S., the limited liability company did not receive the prior notice.

Name and Address of Current Registered Agent:

EDELMAN, BARBARA
6353 W ROGERS CIR #6
BOCA RATON, FL 33487 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:	EDELAMN, DONALD	
Address:	6353 W. ROGERS CIRCLE, BAY 6	
City-St-Zip:	BOCA RATON, FL 33487	
Title:	MGR	( ) Delete
Name:	EDELMAN, JONATHAN	
Address:	6353 W. ROGERS CIRCLE, BAY 6	
City-St-Zip:	BOCA RATON, FL 33487	
Title:	MGRM	( ) Delete
Name:	EDELMAN, BARBARA	
Address:	6353 W. ROGERS CIRCLE, BAY 6	
City-St-Zip:	BOCA RATON, FL 33487	
Title:	MGR	( ) Delete
Name:	EDELMAN, MICHAEL	
Address:	6353 W. ROGERS CIRCLE, BAY 6	
City-St-Zip:	BOCA RATON, FL 33487	
Title:	MGR	( ) Delete
Name:	EDELMAN, LEONARD D	
Address:	6353 W. ROGERS CIRCLE, BAY 6	
City-St-Zip:	BOCA RATON, FL 33487	

ADDITIONS/CHANGES:

Title:	( ) Change ( ) Addition
Name:	
Address:	
City-St-Zip:	
Title:	( ) Change ( ) Addition
Name:	
Address:	
City-St-Zip:	
Title:	( ) Change ( ) Addition
Name:	
Address:	
City-St-Zip:	
Title:	( ) Change ( ) Addition
Name:	
Address:	
City-St-Zip:	
Title:	( ) Change ( ) Addition
Name:	
Address:	
City-St-Zip:	

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: BARBARA R EDELMAN MGRM 05/01/2008

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