2009 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Apr 16, 2009
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 ( )**

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: MGRM (X) Change ( ) Addition
Name: EDELMAN, DONALD
Address: 6353 W. ROGERS CIRCLE, BAY 6
City-St-Zip: BOCA RATON, FL 33487

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 EDELMAN MGRM 04/16/2009

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