2006 LIMITED LIABILITY COMPANY ANNUAL REPORT

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DOCUMENT # L02000010529

PDT INVESTMENTS #3, L.L.C.

Principal Place of Business

8211 W BROWARD BLVD

SUITE 350 PLANTATION, FL 33324 Malting Address

8211 W BROWARD BLVD SUITE 350

PLANTATION, FL 33324

FILED Mar 20, 2006 08:00 AM **Secretary of State**



03082006 No Chg-LLC

CR2E083 (11/05)

FEI Number	- 1.	Applied For
02-0604240		Not Applicable
S. Certificate of Status Desired	 \$5.00	Additional

Fee Required

6. Name and Address of Current Registered Agent

FEINBERG, JEFFREY ESQ. FEINBERG & MAIDENBAUM 4000 HOLLYWOOD BLVD., STE. 350-N HOLLYWOOD, FL 33021

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The above named emity submits this statement for the purpose of cha the obligations of registered agent.	inging its registered office of registered agent, or both, in th	e State of Florida. I am ramiliar with,	' dua scéan
SIGNATURE Signature, typed or printed name of registered egent and ritto it eppticable.	(NOTE: Registered Agent signature required when reinstating)	DATE	
Filing Fee is \$50.00			

Due by May 1, 2006

9.	MANAGING MEMBERS/MANAGERS
TITLE MAME STREET ADDRESS GITY-ST-ZIP	MGRM YAGO, PETER 8211 W BROWARD BLVD STE 350 PLANTATION, FL 33324
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGR GUTTA, FRANK 8211 W BROWARD BLVD #350 PLANTATION, FL 33326
NITE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE HAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	

U00000475112 04/05/06-80002-017 50.00

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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 eath; 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.

SIGNATUR	E:	HA			
816	ATURE AND TYPED OR PRINTED N	ame of Signing I	MANAGING MEMBER, OR AUTHORIZED REPRESENTATIVE	Date	 Oaytime Phone #