2007 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Mar 14, 2007 8:00 am
Secretary of State
03-14-2007 90210 041 ****50.00

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1. Entity Name
PDT INVESTMENTS #3, L.L.C.

60023710

01312007 Chg-LLC CR2E083 (12/06)

Principal Place of Business	Mailing Address
8211 W BROWARD BLVD SUITE 350 PLANTATION, FL 33324	8211 W BROWARD BLVD SUITE 350 PLANTATION, FL 33324

2. Principal Place of Business - No P.O. Box #		3. Mailing Address	
490 Sawgrass Corporate Parkway		490 Sawgrass Corporate Parkway	
Suite, Apt. #, etc.: Suite 310		Suite, Apt. #, etc.: Suite 310	
City & State: Sunrise, Florida		City & State: Sunrise, Florida	
Zip: 33325	Country: USA	Zip: 33325	Country: USA

4. FEI Number: 02-0604240 ☐ Applied For ☐ Not Applicable

5. 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

7. Name and Address of New Registered Agent

Name
Street Address (P.O. Box Number is Not Acceptable)
City FL Zip Code

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, 2007

Make check payable to Florida Department of State

9. MANAGING MEMBERS/MANAGERS			10. ADDITIONS/CHANGES		
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	MGRM YAGO, PETER 8211 W BROWARD BLVD STE 350 PLANTATION, FL 33324	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	Jago, Peter 490 Sawgrass Corporate Parkway Suite 310 Sunrise, Florida 33325	☒ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	MGR GUTTA, FRANK 8211 W BROWARD BLVD #350 PLANTATION, FL 33326	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	Gutta, Frank 490 Sawgrass Corporate Parkway Suite 310 Sunrise, Florida 33325	☒ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Change ☐ Addition
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TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Change ☐ Addition

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: [signature] 3/8/07
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE Date Daytime Phone #