

# 2009 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L02000010529

FILED  
Mar 11, 2009  
Secretary of State

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

**Current Principal Place of Business:**

490 SAWGRASS CORPORATE PKWY  
STE 310  
SUNRISE, FL 33325

**New Principal Place of Business:**

**Current Mailing Address:**

7369 SHERIDAN ST, STE 201  
HOLLYWOOD, FL 33024

**New Mailing Address:**

490 SAWGRASS CORPORATE PKWY  
STE 310  
SUNRISE, FL 33325

FEI Number: 02-0604240

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

**Name and Address of Current Registered Agent:**

FEINBERG, JEFFREY ESQ.  
FEINBERG & MAIDENBAUM  
4000 HOLLYWOOD BLVD., STE. 350-N  
HOLLYWOOD, FL 33021 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: YAGO, PETER  
Address: 490 SAWGRASS CORPORATE PKWY STE 310  
City-St-Zip: SUNRISE, FL 33325

Title: MGR (X) Delete  
Name: GUTTA, FRANK  
Address: 490 SAWGRASS CORPORATE PKWY STE 310  
City-St-Zip: SUNRISE, FL 33325

**ADDITIONS/CHANGES:**

Title: MGRM (X) Change ( ) Addition  
Name: JAGO, DONOVAN  
Address: 490 SAWGRASS CORPORATE PKWY STE 310  
City-St-Zip: SUNRISE, FL 33325

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: DONOVAN JAGO

MGRM

03/11/2009

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