2003 LIMITED LIABILITY COMPANY UNIFORM BUSINESS REPORT (UBR)

FILED
May 12, 2003 8:00 am
Secretary of State
04-18-2003 90078 035 ****50.00

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DOCUMENT # L02000017898

1. Entity Name
P D L C LLC

44001336

Principal Place of Business	Mailing Address
C/O PAUL A. MURRAY, P.A. 5117 CASTELLO DRIVE, SUITE 2 NAPLES FL 34103	C/O PAUL A. MURRAY, P.A. 5117 CASTELLO DRIVE, SUITE 2 NAPLES FL 34103

☐ CHECK HERE IF MAKING CHANGES

2. Principal Place of Business	3. Mailing Address
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State	City & State
Zip / Country	Zip / Country

4. FEI Number 41-2059248 ☐ Applied For ☐ Not Applicable

5. Certificate of Status Desired ☐ **$5.00** Additional Fee Required

6. Name and Address of Current Registered Agent

MURRAY, PAUL A
5117 CASTELLO DRIVE, SUITE 2
NAPLES FL 34103

7. Name and Address of New Registered Agent

Name Paul A. Murray P.A.
Street Address (P.O. Box Number is Not Acceptable) 5667 Naples Blvd
City Naples FL Zip Code 34109

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] for Paul A. Murray P.A. DATE 4/8/03
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

FILE NOW!!! FEE IS $50.00
Make Check Payable to Florida Department of State
Due By May 1, 2003

9. MANAGING MEMBERS / MANAGERS			10. ADDITIONS / CHANGES	
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	Manager Member Paul A. Murray 5667 Naples Blvd Naples, FL 34109	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	~~Member~~ ~~Diane C. Murray~~ ~~c/o 5667 Naples Blvd~~ ~~Naples, FL 34109~~	☒ Delete omit	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	~~Member~~ ~~Lisa M. Murray~~ ~~c/o 5667 Naples Blvd~~ ~~Naples, FL 34109~~	☒ Delete omit	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	~~Member~~ ~~Christopher P. Murray~~ ~~c/o 5667 Naples Blvd~~ ~~Naples, FL 34109~~	☒ Delete omit	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
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Change ☐ Addition

CR2E083 (10/02)

11. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), 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] PAUL A. MURRAY 4/8/03 (239) 596-7600
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE — Date — Daytime Phone #