

2004 LIMITED LIABILITY COMPANY ANNUAL REPORT (AR)

FILED
Feb 12, 2004 8:00 am
Secretary of State

02-12-2004 90115 036 ****50.00

DOCUMENT # L02000018972

1. Entity Name

PDR PARTNERS, LLC



Principal Place of Business

3815 NORTH HIGHWAY ONE
SUITE 8
COCOA FL 32926

Mailing Address

3815 NORTH HIGHWAY ONE
SUITE 8
COCOA FL 32926

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite 118

Suite, Apt. #, etc.

Suite 118

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number

76-0705888

Applied For

Not Applicable

5. Certificate of Status Desired

☐

\$5.00 Additional
Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

CAROTHERS, BARRY ESQ.
4400 PGA BLVD.
SUITE 800
PALM BEACH GARDENS FL 33410

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

FILE NOW!!! FEE IS \$50.00
Make Check Payable to Florida Department of State
Due By May 1, 2004

9. MANAGING MEMBERS/MANAGERS

10. ADDITIONS/CHANGES

TITLE MGRM ☐ Delete
NAME CAROTHERS, GARY
STREET ADDRESS 1242 SW KNOLLWOOD DR.
CITY-ST-ZIP PALM CITY FL 34990

TITLE ☒ Change ☐ Addition
NAME 1242 SW Knollwood Dr.
STREET ADDRESS
CITY-ST-ZIP

TITLE MGR ☐ Delete
NAME EDWARDS, MICHAEL K
STREET ADDRESS 5367 CENTER STREET
CITY-ST-ZIP JUPITER FL 33458

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE MGR ☐ Delete
NAME CAROTHERS, SHARY M
STREET ADDRESS 6273 DEER LANE
CITY-ST-ZIP COCOA FL 32927

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
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TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

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: *Shary Carothers* Shary Carothers 2/9/04 690.0000
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE Date Daytime Phone #