

# 2003 LIMITED LIABILITY COMPANY UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**Apr 21, 2003 8:00 am**  
**Secretary of State**

04-07-2003 90003 006 \*\*\*\*50.00

<b>DOCUMENT # L02000019233</b> 1. Entity Name <b>PDR, L.L.C.</b>			
Principal Place of Business <b>201 SOUTH BISCAYNE BOULEVARD, SUITE 850</b> <b>MIAMI FL 33131</b>		Mailing Address <b>201 SOUTH BISCAYNE BOULEVARD, SUITE 850</b> <b>MIAMI FL 33131</b>	
2. Principal Place of Business <b>10005 NW 58 ST</b> Suite, Apt. #, etc.		3. Mailing Address <b>10005 N.W. 58 ST.</b> Suite, Apt. #, etc.	
City & State <b>MIAMI, FL</b> Zip <b>33178</b> Country <b>USA</b>		City & State <b>MIAMI, FL</b> Zip <b>33178</b> Country <b>USA</b>	
4. FEI Number <b>262-96-1357 (S.S.#)</b>		Applied For <input type="checkbox"/> Not Applicable	
5. Certificate of Status Desired <input type="checkbox"/>		\$5.00 Additional Fee Required	
6. Name and Address of Current Registered Agent <b>ROSSZ FIU CORPORATION</b> <b>COHEN, FOX P.A.</b> <b>201 SOUTH BISCAYNE BOULEVARD, SUITE 850</b> <b>MIAMI FL 33131</b>		7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City <b>FL</b> 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 _____ <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)</small>			
<b>FILE NOW!!! FEE IS \$50.00</b> <b>Make Check Payable to Florida Department of State</b> <b>Due By May 1, 2003</b>			
9. MANAGING MEMBERS/MANAGERS <input checked="" type="checkbox"/>		10. ADDITIONS/CHANGES <input checked="" type="checkbox"/>	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>MGR</b> <b>ROSENFELD, PAUL</b> <b>7995 S.W. 88TH STREET, APT. 308</b> <b>MIAMI FL 33143</b>	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>MGR</b> <b>ROSENFELD, PAUL</b> <b>10005 N.W. 58 ST.</b> <b>MIAMI, FL 33178</b>
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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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: <u><i>Paul Rosenfeld</i></u> <b>PDR, L.L.C., Manager</b> 3/31/03 3055920076 <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE Date Daytime Phone #</small>			

33-1053658  
ISSUED  
4/18/03  
Thank You

CR2E083 (10/02)