


**LIMITED LIABILITY COMPANY  
UNIFORM BUSINESS REPORT (UBR)**

**FILED**  
**Apr 20, 2005 08:00 AM**  
**Secretary of State**

<b>DOCUMENT #</b> 1. Entity Name PDRE Management, LLC <i>L02000079456</i>	
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**DO NOT WRITE IN THIS SPACE**

2. Principal Place of Business 114 Park Ave.		3. Mailing Address	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State Anna Maria, FL		City & State	
Zip 34216	Country Manatee	Zip	Country

DO NOT WRITE IN THIS SPACE

4. FEI Number 06-1645191	Applied For <input type="checkbox"/> Not Applicable
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5. Certificate of Status Desired <input type="checkbox"/> \$5.00 Additional Fee Required
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**DO NOT WRITE  
IN THIS SPACE**

7. Name and Address of Current Registered Agent	
Name	Patricia Ward D'Itri
Street Address (P.O. Box Number is Not Acceptable)	
114 Park Ave.	
City	Anna Maria
FL	Zip Code 34216

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 \_\_\_\_\_ DATE \_\_\_\_\_  
Signature, typed or printed name of registered agent and title if applicable.

**FEE IS \$50.00**  
**Make Check Payable to Florida Department of State**  
**DUE BY MAY 1**

9. MANAGING MEMBERS/MANAGERS			
TITLE	NAME	STREET ADDRESS	CITY-ST-ZIP
	Manager, Patricia W. D'Itri, 114 Park Ave.,		Anna Maria, FL 34216
TITLE	NAME	STREET ADDRESS	CITY-ST-ZIP
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TITLE	NAME	STREET ADDRESS	CITY-ST-ZIP

**DO NOT WRITE  
IN THIS SPACE**

U00000319342  
04/20/05-80093-025 55.00

11. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(f), 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: *Patricia W. D'Itri* *4/14/05* 517.349.0789  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE Date Daytime Phone #