

**2007 LIMITED LIABILITY COMPANY
ANNUAL REPORT**

FILED
Mar 29, 2007 08:00 AM
Secretary of State

DOCUMENT # L02000019456

1. Entity Name
PDRE MANAGEMENT, LLC



Principal Place of Business

**114 PARK AVE
ANNA MARIA, FL 34216**

Mailing Address

**4395 ELMWOOD DRIVE
OKEMOS, MI 48864**



03252007 No Chg-LLC

CR2E083 (11/05)

DO NOT WRITE IN THIS SPACE

4. FEI Number
06-1645191

Applied For
Not Applicable

5. Certificate of Status Desired ☐

\$5.00 Additional
Fee Required

6. Name and Address of Current Registered Agent

**D'ITRI, PATRICIA WARD
114 PARK AVE
ANNA MARIA, FL 34216**

**DO NOT WRITE
IN THIS SPACE**

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

Patricia Ward D'itri
Signature, typed or printed name of registered agent and title if applicable

Patricia Ward D'itri
(NOTE: Registered Agent signature required when reinstating)

March 25, 2007
DATE

**Filing Fee is \$50.00
Due by May 1, 2007**

000000683623
04/05/07-80052-005 55.00

9. MANAGING MEMBERS/MANAGERS

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**MGR
D'ITRI, PATRICIA W
114 PARK AVE
ANNA MARIA, FL 34216**

TITLE
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STREET ADDRESS
CITY-ST-ZIP

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CITY-ST-ZIP

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11. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, 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 Ward D'itri
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, OR AUTHORIZED REPRESENTATIVE

March 25, 2007 517-349-0189
Date Daytime Phone #