## FILED Apr 11, 2005 8:00 am Secretary of State

## 2005 LIMITED LIABILITY COMPANY ANNUAL REPORT

|   |   | 04-11-2005 9   |  |
|---|---|--|--|
| DOCUMENT # L02000020597  1. Entity Name PDP, LLC  |   |  |  |
| Principal Place of Business Mailing Address   |   | - 0.09   | 8678   |
| 9001 DANIELS PARKWAY 9001 DANIELS P   | ARKWAY  | 2004   | 20010  |
| SUITE 200 SUITE 200<br>FORT MYERS, FL 33912 FORT MYERS, FL  | 33912   |  |  |
| TOWN INTERO, TE 33312   | 30012   | HIRITARI DIN ERAK INDA CILI CINI RINA  |  |
|   |   |  |  |
|   |   | 04052005 No Chg-LLC  | CR2E083 (10/03)  |
| DO NOT WRITE IN THIS  | SPACE   | 4. FEI Number  | Applied For  |
|   |   | 32-0037944   | Not Applicable   |
|   |   | 5. Certificate of Status Desired   | \$5.00 Additional  |
|   | Telephone Control of the Control of | eruma Valummi. Li viseennedesi neesroole   | Fee Required   |
| 6. Name and Address of Current Registered Agent   |   |  |  |
| ANDREW SERVICE CORPORATION OF FLORIDA   |   | ⊮ DO NOT W   | DITC   |
| 201 N. FRANKLIN STREET, SUITE 2100  |   |  | 大约25 45 FEB 12 20 20 20 20 20 20 20 20 20 20 20 20 20  |
| TAMPA, FL 33602   |   | IN THIS SP   | ACE  |
|   |   |  |  |
|   |   |  |  |
| <ol><li>The above named entity submits this statement for the purpose of chang<br/>the obligations of registered agent.</li></ol>   | ging its registered office or registered  | d agent, or both, in the State of Flo  | rida. I am familiar with, and accept   |
|   |   |  |  |
| SIGNATURE  Signature, typed or printed pame of registered agent and title if applicable.  | (NOTE: Registered Agent signature required w  | men reinstating)   | DATE   |
| 7.53  |   |  |  |
| Filing Fee is \$50.00<br>Due by May 1, 2005   |   |  |  |
| 9. MANAGING MEMBERS/MANAGERS  | 第1個などのない。 それは気候な  | RESPONSIBLE TO PROPER PROPERTY.  |  |
|   | <b>新教育的企业</b>   | A STATE OF THE STA |  |
| TITLE MGR   |   |  |  |
| TITLE MGR<br>NAME REISMAN, JOHN   |   |  |  |
| TITLE MGR NAME REISMAN, JOHN 2 STREET ADDRESS 9001 DANIELS PARKWAY, SUITE 200   |   |  |  |
| TITLE MGR NAME REISMAN, JOHN STREET ADDRESS 9001 DANIELS PARKWAY, SUITE 200 FORT MYERS, FL 33912  |   |  |  |
| TITLE MGR NAME REISMAN, JOHN 2 STREET ADDRESS 9001 DANIELS PARKWAY, SUITE 200   |   |  |  |
| TITLE MGR NAME REISMAN, JOHN STREET ADDRESS CITY-SI-ZIP FORT MYERS, FL 33912 TITLE  |   |  |  |
| TITLE MGR NAME REISMAN, JOHN STREET ADDRESS CITY-SI-ZIP FORT MYERS, FL 33912  TITLE NAME  |   |  |  |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE  MGR REISMAN, JOHN A STREET ADDRESS CITY-ST-ZIP TITLE   |   |  |  |
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| TITLE NAME STREET ADDRESS CITY-SI-ZIP TITLE NAME NAME   |   | DO NOT W   | See also the second sec |
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with this filing does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information paper that my signature shall have the same legal effect as it made under oath; that I am a managing member or manager of the types empowered to execute this report as required by Chapter 608, Florida Statutes. I hereby certify that the information supplies indicated on this report is true and accurate limited liability company or the receiver or

CITY-ST-ZIP

SIGNATURE: DAVID KUIZNER