

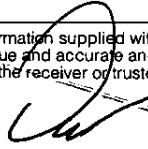


2004 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Mar 29, 2004 8:00 am
Secretary of State

03-29-2004 90562 011 ****50.00

DOCUMENT # L02000020598 1. Entity Name PDI, LLC					
Principal Place of Business 9400 GLADIOLUS DRIVE, SUITE 250 FORT MYERS, FL 33908			Mailing Address 9400 GLADIOLUS DRIVE, SUITE 250 FORT MYERS, FL 33908		
2. Principal Place of Business 9001 DANIELS PARKWAY Suite, Apt. #, etc. SUITE 200 City & State FORT MYERS, FL Zip 33912 Country		3. Mailing Address 9001 DANIELS PARKWAY Suite, Apt. #, etc. SUITE 200 City & State FORT MYERS, FL Zip 33912 Country			
02232004 Chg-LLC CR2E083 (10/03)				4. FEI Number 32-0037943	
5. Certificate of Status Desired <input type="checkbox"/> \$5.00 Additional Fee Required				Applied For <input type="checkbox"/> Not Applicable	
6. Name and Address of Current Registered Agent ANDREW SERVICE CORPORATION OF FLORIDA 201 N FRANKLIN ST STE 2100 TAMPA, FL 33602			7. Name and Address of New Registered Agent 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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____					
Filing Fee is \$50.00 Due by May 1, 2004				Make check payable to Florida Department of State	
9. MANAGING MEMBERS/MANAGERS			10. ADDITIONS/CHANGES		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGR REISMAN, JOHN 9400 ELANAIOLUS DR., STE 250 FORT MYERS, FL 33908	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	9001 DANIELS PARKWAY SUITE 200 FORT MYERS, FL 33912	
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition	
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	
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	
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	
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	
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:  DAVID K. KIVNER			Date 3/22/04 Daytime Phone # 239.481.5040		