

**2005 LIMITED LIABILITY COMPANY  
ANNUAL REPORT**

**FILED**  
**Apr 15, 2005 8:00 am**  
**Secretary of State**

04-15-2005 90022 019 \*\*\*\*50.00

**DOCUMENT # L03000003232**

1. Entity Name  
P.D.P. LANDS, L.L.C.



Principal Place of Business  
7050 SW 86TH AVE  
MIAMI, FL 33143

Mailing Address  
7050 SW 86TH AVE  
MIAMI, FL 33143



02092005 No Chg-LLC

CR2E083 (10/03)

**DO NOT WRITE IN THIS SPACE**

4. FEI Number  
13-4270576

Applied For  
Not Applicable

5. Certificate of Status Desired ☐

**\$5.00** Additional  
Fee Required

**6. Name and Address of Current Registered Agent**

PARLADE, ALBERTO J  
7050 SW 86TH AVE  
MIAMI, FL 33143

**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 \_\_\_\_\_

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

(NOTE: Registered Agent signature required when reinstating)

DATE \_\_\_\_\_

**Filing Fee is \$50.00  
Due by May 1, 2005**

**9. MANAGING MEMBERS/MANAGERS**

TITLE MGR  
NAME PRINCE, JORGE L  
STREET ADDRESS 3740 SW 128 AVENUE  
CITY-ST-ZIP MIAMI, FL 33175

TITLE MGR  
NAME DIAZ, ELOY A  
STREET ADDRESS 9980 SW 34 STREET  
CITY-ST-ZIP MIAMI, FL 33165

TITLE MGR  
NAME PARLADE, ALBERTO J  
STREET ADDRESS 7050 SW 86TH AVE  
CITY-ST-ZIP MIAMI, FL 33143

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

**DO NOT WRITE  
IN THIS SPACE**

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:** \_\_\_\_\_

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, OR AUTHORIZED REPRESENTATIVE

Date

Daytime Phone #

305-  
595-2300  
4/11/05