

**2004 LIMITED LIABILITY COMPANY ANNUAL REPORT**

**FILED**  
**May 03, 2004 8:00 am**  
**Secretary of State**

05-03-2004 90120 041 \*\*\*\*55.00

|   |                                 |   |  |   |                               |
|---|---------------------------------|---|--|---|-------------------------------|
| <b>DOCUMENT # L03000022372</b>  |                                 |   |  |  |                               |
| 1. Entity Name<br>PD ENTERPRISES, LLC   |                                 |   |  |   |                               |
| Principal Place of Business<br>6713 14TH STREET WEST<br>BRADENTON, FL 34207   |                                 | Mailing Address<br>6713 14TH STREET WEST<br>BRADENTON, FL 34207 |  |   |                               |
| 2. Principal Place of Business  |                                 | 3. Mailing Address  |  |   |                               |
| Suite, Apt. #, etc.   |                                 | Suite, Apt. #, etc.   |  |   |                               |
| City & State  |                                 | City & State  |  | 04222004 Chg-LLC CR2E083 (10/03)  |                               |
| Zip   | Country                         | Zip   | Country  | 4. FEI Number<br><b>450517882</b>   | Applied For<br>Not Applicable |
| 5. Certificate of Status Desired <input checked="" type="checkbox"/> \$5.00 Additional Fee Required   |                                 |   |  |   |                               |
| 6. Name and Address of Current Registered Agent   |                                 |   | 7. Name and Address of New Registered Agent  |   |                               |
| LOIACONI, DOMENICO<br>772 MAGELLAN DRIVE<br>SARASOTA, FL 34243  |                                 |   | Name <b>LOIACONI DOMENICO</b>  |   |                               |
|   |                                 |   | Street Address (P.O. Box Number is Not Acceptable)<br><b>6713 14TH STREET WEST US 41</b> |   |                               |
|   |                                 |   | City <b>BRADENTON</b> FL Zip Code <b>34207</b>   |   |                               |
| 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 <i>Domenico Loiaconi</i>  |                                 | (NOTE: Registered Agent signature required when reinstating)    |  | DATE <b>4-27-2004</b>   |                               |
| 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<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP  | <input type="checkbox"/> Delete | TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP                  | <input type="checkbox"/> Change  | <input checked="" type="checkbox"/> Addition                                      |                               |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP  | <input type="checkbox"/> Delete | TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP                  | <input type="checkbox"/> Change  | <input type="checkbox"/> Addition   |                               |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP  | <input type="checkbox"/> Delete | TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP                  | <input type="checkbox"/> Change  | <input type="checkbox"/> Addition   |                               |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP  | <input type="checkbox"/> Delete | TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP                  | <input type="checkbox"/> Change  | <input type="checkbox"/> Addition   |                               |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP  | <input type="checkbox"/> Delete | TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP                  | <input type="checkbox"/> Change  | <input type="checkbox"/> Addition   |                               |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP  | <input type="checkbox"/> Delete | TITLE<br>NAME<br>STREET ADDRESS<br>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: <i>Domenico Loiaconi</i>   |                                 | Date <b>4/27/04</b>   |  | Daytime Phone # <b>941-751-4800</b>   |                               |
| SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE   |                                 |   |  |   |                               |