

2006 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L03000029850

Entity Name: PDS, LLC

FILED
Aug 31, 2006
Secretary of State

Current Principal Place of Business:

250 NE 12TH ST
DELRAY BEACH, FL 33444 US

New Principal Place of Business:

CARNAHAN, PROCTOR & ASSOCIATES
6101 WEST ATLANTIC BLVD
MARGATE, FL 33063 US

Current Mailing Address:

PO BOX 1043
PALM BEACH, FL 33480 US

New Mailing Address:

CARNAHAN, PROCTOR & ASSOCIATES
6101 WEST ATLANTIC BLVD
MARGATE, FL 33063 US

FEI Number: FEI Number Applied For () FEI Number Not Applicable (X) Certificate of Status Desired ()
In accordance with s. 607.193(2)(b), F.S., the limited liability company did not receive the prior notice.

Name and Address of Current Registered Agent:

KENNEDY, PAUL R ESQ.
250 NE 12TH ST
DELRAY BEACH, FL 33444 US

Name and Address of New Registered Agent:

HACKNEY, ROBERT C ESQ.
625 N. FLAGLER DR.
9TH FLOOR
WEST PALM BEACH, FL 33401 US

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.

SIGNATURE: ROBERT C. HACKNEY

08/31/2006

Electronic Signature of Registered Agent

Date

MANAGING MEMBERS/MANAGERS:

Title: MGRM () Delete
Name: PROCTOR, GREGORY M
Address: PO BOX 1043
City-St-Zip: PALM BEACH, FL 33480

ADDITIONS/CHANGES:

Title: MGRM (X) Change () Addition
Name: PROCTOR, GREGORY M
Address: 6101 WEST ATLANTIC BLVD
City-St-Zip: MARGATE, FL 33063

I hereby certify that the information supplied with this filing does not qualify for the for the exemption stated in Chapter 119, Florida Statutes. I further certify that the information indicated on this report is true and accurate and that my electronic 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: ROBERT C. HACKNEY

ATTY

08/31/2006

Electronic Signature of Signing Managing Member, Manager, or Authorized Representative / Date