

2005 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Jan 13, 2005 8:00 am
Secretary of State

01-13-2005 90014 042 ****50.00

DOCUMENT # L03000036896 1. Entity Name PD LLC					
Principal Place of Business 202 JEAN LAFITTE BLVD FERNANDINA BEACH, FL 32034			Mailing Address 202 JEAN LAFITTE BLVD FERNANDINA BEACH, FL 32034		
2. Principal Place of Business Suite, Apt. #, etc.		3. Mailing Address PO BOX 810 Suite, Apt. #, etc.			
City & State		City & State FERNANDINA BEACH FL		4. FEI Number 56-2421568	
Zip 32035		Country		5. Certificate of Status Desired ☐ \$5.00 Additional Fee Required	
6. Name and Address of Current Registered Agent DOYLE, WILLIAM A 202 JEAN LAFITTE BLVD FERNANDINA BEACH, FL 32034			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, 2005		Make check payable to Florida Department of State			
9. MANAGING MEMBERS/MANAGERS			10. ADDITIONS/CHANGES		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGR DOYLE, WILLIAM A 202 JEAN LAFITTE BLVD FERNANDINA BEACH, FL 32034		TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition	
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TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ 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 <u>William A. Doyle</u> William A. Doyle Jr. 1/17/2005 904-5562450					