

# 2006 LIMITED LIABILITY COMPANY ANNUAL REPORT

**FILED**  
**Apr 05, 2006 8:00 am**  
**Secretary of State**

03-27-2006 90051 019 \*\*\*\*50.00

**DOCUMENT # L03000038395**

1. Entity Name  
PDS CANADA INVESTMENTS, LLC



Principal Place of Business  
20803 BISCAYNE BLVD., STE. 200  
AVENTURA, FL 33180

Mailing Address  
20803 BISCAYNE BLVD., STE. 200  
AVENTURA, FL 33180

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

02072006 Chg-LLC CR2E083 (11/05)

4. FEI Number 20-1757500  
APPLIED FOR

Applied For  
Not Applicable

5. Certificate of Status Desired ☐ \$5.00 Additional Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

PROHIAS, RAFAEL ESQ  
C/O HUNTON & WILLIAMS, LLP  
1111 BRICKELL AVE., STE. 2500  
MIAMI, FL 33131

Name  
ALAN DAVID  
Street Address (P.O. Box Number is Not Acceptable)  
20803 BISCAYNE BLVD., SUITE #200  
City  
AVENTURA FL Zip Code  
33180

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]

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

(NOTE: Registered Agent signature required when resigning)

DATE: 4/5/06

Filing Fee is \$50.00  
Due by May 1, 2006

Make check payable to  
Florida Department of State

9. MANAGING MEMBERS/MANAGERS

10. ADDITIONS/CHANGES

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
MGR  
BEDZOW, MICHAEL  
20803 BISCAYNE BLVD., STE. 200  
AVENTURA, FL 33180 ☐ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
☐ Change ☐ Addition

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11. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, 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]

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

Date

Daytime Phone #