2007 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
May 01, 2007 08:00 AM
Secretary of State

DOCL	JMENT	. #1	05000	0.0076	SP
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1. Entity Name

CITY-ST-ZIP

P.T.D. PROPERTY ONE, LLC



Principal Place of Business

1719 POINSETTA DRIVE FT. LAUDERDALE, FL. 33305 Mailing Address

1719 POINSETTA DRIVE FT. LAUDERDALE, FL 33305



04302007 No Chg-LLC

CR2E083 (11/05)

4. FEI Number NOT APPLICABLE	Applied For Not Applicable	
5. Certificate of Status Desired		\$5.00 Additional

DO NOT WRITE IN THIS SPACE

6. Name and Address of Current Registered Agent

FILINGS, INC. 3732 N.W. 16TH STREET FT. LAUDERDALE, FL 33311-4132

DO NOT WRITE IN THIS SPACE

	re named entity submits this statement for the purpose of char ations of registered agent.	nging its registered office or registered agent, or bo	oth, in the State of Florida. I am familiar with, and accept
SIGNATURE	Signature, typed or printed name of registered agent and title if applicable.	(NOTE: Registered Agent Lignsture required when reinstating)	DATE
F	Filing Fee is \$50.00 Due by May 1, 2007		
9.	MANAGING MEMBERS/MANAGERS		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM DERDZINSKI, PAUL 1719 POINSETTA DRIVE FT. LAUDERDALE, FL 33305		
TITLE NAME STREET ADDRESS CITY-ST-ZIP			U00000751214 05/18/07-80094-023 50.00
TITLE NAME STREET ADDRESS CITY-ST-ZIP		DO	NOT WRITE
TITLE NAME STREET ADDRESS CITY-ST-ZIP		IN	THIS SPACE
TITLE NAME STREET ADDRESS CITY-ST-ZIP			
TITLE NAME STREET ADDRESS			,

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.