

2006 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L05000015132

Entity Name: PDJ PROPERTIES, LLC

FILED
May 02, 2006
Secretary of State

Current Principal Place of Business:

500 E. BROWARD BLVD., SUITE 1400
C/O DANIEL M. MACKLER
FORT LAUDERDALE, FL 33394

New Principal Place of Business:

112 NURMI DRIVE
FORT LAUDERDALE, FL 33301

Current Mailing Address:

500 E. BROWARD BLVD., SUITE 1400
C/O DANIEL M. MACKLER
FORT LAUDERDALE, FL 33394

New Mailing Address:

112 NURMI DRIVE
FORT LAUDERDALE, FL 33301

FEI Number: 20-2890497 FEI Number Applied For () FEI Number Not Applicable () 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:

VALDES-FAULI CORPORATE SERVICES, INC.
500 E. BROWARD BLVD., SUITE 1400
FORT LAUDERDALE, FL 33394 US

Name and Address of New Registered Agent:

ZIPES, RICHARD D
112 NURMI DRIVE
FORT LAUDERDALE, FL 33301 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: RICHARD D ZIPES

05/02/2006

Electronic Signature of Registered Agent

Date

MANAGING MEMBERS/MANAGERS:

Title: () Delete
Name:
Address:
City-St-Zip:

ADDITIONS/CHANGES:

Title: MGR () Change (X) Addition
Name: ZIPES, RICHARD D
Address: 112 NURMI DRIVE
City-St-Zip: FORT LAUDERDALE, FL 33301

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: RICHARD D ZIPES

MGR

05/02/2006

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