

# 2007 LIMITED LIABILITY COMPANY ANNUAL REPORT

**FILED**  
**Apr 23, 2007 8:00 am**  
**Secretary of State**

04-23-2007 90374 043 \*\*\*\*50.00

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<b>DOCUMENT # L05000036988</b> 1. Entity Name CITYSCAPE PDC, LLC					
Principal Place of Business 666 S. MILITARY TRAIL DEERFIELD BEACH, FL 33442			Mailing Address 666 S. MILITARY TRAIL DEERFIELD BEACH, FL 33442		
2. Principal Place of Business - No P.O. Box # <b>333 NE 2nd St</b> Suite, Apt. #, etc.		3. Mailing Address <b>333 NE 2nd St</b> Suite, Apt. #, etc.			
City & State <b>Delray Beach FL</b>		City & State <b>Delray Beach, FL</b>		4. FEI Number <b>04-3812113</b>	
Zip <b>33483</b>		Country <b>USA</b>		5. Certificate of Status Desired <input type="checkbox"/> <b>\$5.00 Additional Fee Required</b>	
6. Name and Address of Current Registered Agent  <b>COREN, GEORGE</b> <b>666 S. MILITARY TRAIL</b> <b>DEERFIELD BEACH, FL 33442</b>			7. Name and Address of New Registered Agent Name <b>George Coren</b> Street Address (P.O. Box Number is Not Acceptable) <b>333 NE 2nd St</b> City <b>Delray Beach FL</b> Zip Code <b>33483</b>		
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 <u><i>George J. Coren</i></u> <b>George J. Coren</b> <b>4/19/07</b> <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reappointing)</small>					
<b>Filing Fee is \$50.00 Due by May 1, 2007</b>			<b>Make check payable to Florida Department of State</b>		
<b>9. MANAGING MEMBERS/MANAGERS</b>			<b>10. ADDITIONS/CHANGES</b>		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>MGR</b> <b>PORTEN, SCOTT</b> <b>666 S. MILITARY TRAIL</b> <b>DEERFIELD BEACH, FL 33442</b>	<input type="checkbox"/> Delete			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>MGRM</b> <b>PORTEN DEVELOPMENT CORP</b> <b>666 S MILITARY TRL</b> <b>DEERFIELD BEACH, FL 33442</b>	<input type="checkbox"/> Delete			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>333 NE 2nd St</b> <b>Delray Beach FL 33483</b>	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>333 NE 2nd St</b> <b>Delray Beach FL 33483</b>	<input type="checkbox"/> Change <input type="checkbox"/> Addition			
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TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>333 NE 2nd St</b> <b>Delray Beach FL 33483</b>	<input type="checkbox"/> Change <input type="checkbox"/> Addition			
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 or supplemental report is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.					
<b>SIGNATURE:</b> <u><i>George J. Coren</i></u> <b>George J. Coren</b> <b>4/19/07</b> <b>561-819-1109</b> <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #</small>					