2008 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L05000039815

Entity Name: PD VENTURES, L.L.C.

FILED Apr 23, 2008 Secretary of State

Current Principal Place of Business: New Principal Place of Business:

211 WRIGHT PARKWAY NW 1230 NW 43RD STREET

FT WALTON BEACH, FL 32548 US DEERFILED BEACH, FL 33064 US

Current Mailing Address: New Mailing Address:

211 WRIGHT PARKWAY NW 1230 NW 43RD STREET

DEERFIELD BEACH, FL 33064 FT WALTON BEACH, FL 32548 US US

FEI Number: 20-2744753 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired ()

Name and Address of New Registered Agent: Name and Address of Current Registered Agent:

HOINES, DAVID A HOINES, DAVID A 3081 E. COMMERCIAL BLVD 1230 NW 43RD STREET

DEERFIELD BEACH, FL 33064 200A US FT LAUDERDALE, FL 33308 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: DAVID E CHAPPER 04/23/2008

> Electronic Signature of Registered Agent Date

MANAGING MEMBERS/MANAGERS: ADDITIONS/CHANGES:

MGRM Title: () Delete (X) Change () Addition

CHAPPER, DAVID E CHAPPER, DAVID E Name: Name: Address: 211 WRIGHT PARKWAY NW Address: 1230 NW 43RD STREET

City-St-Zip: FT WALTON BEACH, FL 32548 US City-St-Zip: DEERFIELD BEACH, FL 30064 US

Title: MGRM () Delete Title: () Change () Addition

Name: GORI, PHILIP T Name: Address: 195 ALEXANDER PALM Address: City-St-Zip: BOCA RATON, FL 33432 US City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify 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: DAVID E CHAPPER **MGRM** 04/23/2008