


2008 LIMITED LIABILITY COMPANY ANNUAL REPORT


FILED
Apr 30, 2008 08:00 AM
Secretary of State

DOCUMENT # L05000041773
 1. Entity Name
 PDT INVESTMENTS #7, L.L.C.



Principal Place of Business 490 SAWGRASS CORPORATE PKWY STE 310 SUNRISE, FL 33325	Mailing Address 490 SAWGRASS CORPORATE PKWY STE 310 SUNRISE, FL 33325
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DO NOT WRITE IN THIS SPACE



01112008 No Chg-LLC CR2E083 (12/07)

4. FEI Number 20-2750154	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$5.00 Additional Fee Required

6. Name and Address of Current Registered Agent

GUTTA, FRANK
 490 SAWGRASS CORPORATE PKWY STE 310
 SUNRISE, FL 33325

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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 _____ DATE _____
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when re-stating)

FILE NOW!!! FEE IS \$138.75
After May 1, 2008 Fee will be \$538.75

9. MANAGING MEMBERS/MANAGERS

TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM JAGO, PETER 490 SAWGRASS CORPORATE PKWY STE 310 SUNRISE, FL 33325
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGR GUTTA, FRANK 490 SAWGRASS CORPORATE PKWY STE 310 SUNRISE, FL 33325
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 05/23/08-80090-012 138.75

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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:  4/25/08 954-452-8813
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, OR AUTHORIZED REPRESENTATIVE Date Daytime Phone #