

**2008 LIMITED LIABILITY COMPANY
ANNUAL REPORT**

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

DOCUMENT # L05000041779

1. Entity Name
PDT INVESTMENTS #5, 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



01112008No Chg-LLC

CR2E083 (12/07)

DO NOT WRITE IN THIS SPACE

4. FEI Number

20-2750104

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$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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IN THIS SPACE**

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 _____

Signature, typed or printed name of registered agent and title if applicable

(NOTE: Registered Agent signature required when re-registering)

DATE _____

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

U00000935907
05/23/08-80090-014 138.75

9. MANAGING MEMBERS/MANAGERS

TITLE	MGRM
NAME	JAGO, PETER
STREET ADDRESS	490 SAWGRASS CORPORATE PKWY STE 310
CITY-STATE-ZIP	SUNRISE, FL 33325
TITLE	MGRM
NAME	GUTTA, FRANK
STREET ADDRESS	490 SAWGRASS CORPORATE PKWY STE 310
CITY-STATE-ZIP	SUNRISE, FL 33325
TITLE	
NAME	
STREET ADDRESS	
CITY-STATE-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-STATE-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-STATE-ZIP	

**DO NOT WRITE
IN THIS SPACE**

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: _____

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, OR AUTHORIZED REPRESENTATIVE

4/25/08

Date

954-452-8813

Daytime Phone #