## 2006 LIMITED LIABILITY COMPANY ANNUAL REPORT

## DOCUMENT # L05000056680



## **FILED** Apr 20, 2006 8:00 am Secretary of State 04-20-2006 90028 034 \*\*\*\*55.00

| Signature   Country   Zip   Country   S. Certificate of Status Desired   Fee Required   Fee Re    | 1. Entity Nam<br>P&PDE                         | eVELOPERS, L.L.C.                                 |                                       |  |                          |                   |                        |               |                 |                               |
|---|--|---|---------------------------------------|--|--------------------------|-------------------|------------------------|---------------|-----------------|-------------------------------|
| Suite, Apt. #, etc.  City & State  City & State  City & State  Country  Zip  Country  S. Certificate of Status Desired  For Required For Require  | 1820 NORTH CORPORATE LAKES BLVD<br>SUITE # 110 |   | 1820 NORTH CORPOR/<br>SUITE # 110     | 1820 NORTH CORPORATE LAKES BLVD<br>SUITE # 110 |                          |                   |                        |               |                 |                               |
| City & State  | 2. Principal P                                 | lace of Business                                  | 3. Mailing Address                    | 3. Mailing Address                             |                          |                   |                        |               |                 |                               |
| Country   Zip   Country   Zip   Country   S. Certificate of Status Desired   V   \$5.00 Additional Fee Required Fee Requi   | Suite, Apt.                                    | #, etc.   | Suite, Apt. #, etc.                   | Suite, Apt. #, etc.                            |                          | 03272006          | Chg-LLC                | CR2E          | )83 (11/05)     | )                             |
| 8. Name and Address of Current Registered Agent  MARRERO, JOSE C 1820 NORTH CORPORATE LAKES BLVD SUITE # 105 WESTON, FL 33326  City FL Zip Code  8. The above named entity submits this statement for the purpose of changing its registered agent, or both, in the State of Florida. I am femiliar with, and acc the obligations of registered agent.  SIGNATURE  Filling Fee is \$50.00 Due by May 1, 2006  Make check payable to Florida Department of State  9. MANAGING MEMBERS/MANAGERS  IIILE MGRM PEDROSA, RICARDO PEDROSA, RICARDO PEDROSA, RICARDO WESTON, FL 33326  IIILE MGRM PEDROSA, RICARDO WESTON, FL 33326  IIILE MGRM PEDROSA, RICARDO WESTON, FL 33326  IIILE MGRM Detele IIILE MGRM SIREET ADDRESS SIREE | City & State                                   |   | City & State                          | City & State                                   |                          | 4. FEI Numbe      | 55-09                  | 014           | (2/             | Applied For<br>Not Applicable |
| MARRERO, JOSE C 1820 NORTH CORPORATE LAKES BLVD SUITE # 105 WESTON, FL 33326    City   FL   Zip Code  | Zip  |   |                                       |  |                          |                   |                        | D/            | Fee Require     |                               |
| MARRERO, JOSE C 1820 NORTH CORPORATE LAKES BLVD SUITE #105 WESTON, FL 33326  City FL Zip Code  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 acceptable agent and site if applicable. (NOTE Registered Agent sphalure requires when reinstang)  Filling Fée is \$50.00 Due by May 1, 2006  Make check payable to Florida Department of State  9. MANAGING MEMBERS/MANAGERS 10. ADDITIONS/CHANGES ITILE MARE PEDROSA, RICARDO 1820 NORTH CORPORATE LAKES BLVD SUITE #110 WESTON, FL 33326  CITY-SI-ZIP  ITILE MGRM PRADO, LUIS SIRRET ADDRESS CITY-SI-ZIP  ITILE MGRM SIRRET ADDRESS CITY-SI-ZIP  ITILE MAKE SIRRET ADDRESS CITY-SI-ZIP  ITILE SIRRET  |  | 6. Name and Address of Curre                      | ent Registered Agent                  |  | Name                     | 7. Name and       | Address of New R       | egistered     | Agent           |                               |
| 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 according to the obligations of registered agent.  SIGNATURE    Signature   Sign  | 1820 NORTH CORPORATE LAKES BLVD<br>SUITE # 105 |   |                                       | -  |                          | P.O. Box Numbe    | r is Not Acceptable    | e)<br>        |                 |                               |
| SIGNATURE    Signature   Signa  | WESTON,  | FL 33326  |                                       |  | City                     |                   |                        | FL            | Zip Cox         | de                            |
| Filling Fee is \$50.00 Due by May 1, 2006    Make check payable to Florida Department of State   Delete NAME   Dele |  |   | nt for the purpose of changing its    | registere                                      | d office or register     | ed agent, or both | n, in the State of Flo | rida. I am    | familiar with   | , and accept                  |
| 9. MANAGING MEMBERS / MANAGERS 10. ADDITIONS / CHANGES  TITLE MGRM DEDROSA, RICARDO 1820 NORTH CORPORATE LAKES BLVD SUITE #110 SIREET ADDRESS CITY-ST-ZIP WESTON, FL 33326 CITY-ST-ZIP WESTON, FL 33326 CITY-ST-ZIP WESTON, FL 33326 CITY-ST-ZIP  TITLE NAME PRADO, LUIS SIREET ADDRESS CITY-ST-ZIP  TITLE NAME SIREET ADDRESS SIREET ADDRESS SIREET ADDRESS CITY-ST-ZIP  TITLE NAME SIREET ADDRESS  | SIGNATURE .                                    | Signature, typed or printed name of registered as | gent and little if applicable. (NOTI  | E: Registered                                  | Agent signature required | when reinstating) |                        | DATE          |                 | <u></u>                       |
| TITLE NAME NAME PEDROSA, RICARDO 1820 NORTH CORPORATE LAKES BLVD SUITE #110 STREET ADDRESS CITY-ST-ZIP  TITLE NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP  TITLE NAME STREET ADDRESS   | Fi<br>Di                                       | lling Fee is \$50.00<br>ue by May 1, 2006         |                                       | - · · · · ·                                    |                          |                   |                        |               |                 | te                            |
| NAME STREET ADDRESS CITY-ST-ZIP WESTON, FL 33326  TITLE NAME STREET ADDRESS CITY-ST-ZIP  TITLE NAME STREET ADDRESS  |  | <del></del>                                       |                                       | _  | ,                        |                   | ADDITIONS/             | CHANGES       | _               |                               |
| NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS  | NAME<br>STREET ADORESS                         | PEDROSA, RICARDO<br>1820 NORTH CORPORATE L        |                                       | name<br>Stree                                  | T ADORESS                |                   |                        |               | ☐ Change        | Addition .                    |
| NAME SIREET ADDRESS CITY-S1-ZIP  TITLE NAME STREET ADDRESS CITY-S1-ZIP  TITLE NAME STREET ADDRESS STREET ADDRESS STREET ADDRESS STREET ADDRESS STREET ADDRESS   | NAME<br>STREET ADDRESS                         | PRADO, LUIS<br>1820 NORTH CORPORATE L             |                                       | name<br>Stree                                  | T ADDRESS                |                   |                        |               | Change          | Addition                      |
| NAME STREET ADDRESS STREET ADDRESS  | NAME<br>STREET ADDRESS                         |   | ☐ Delete                              | NAME<br>STREE                                  | T ADDRESS                |                   |                        |               | Change          | Addition                      |
|   | NAME<br>STREET ADDRESS                         |   | ☐ Delete                              | NAME<br>STREE                                  | T ADDRESS                |                   |                        |               | ☐ Change        | ☐ Addition                    |
| TITLE         Delete         TITLE         Change         Add           NAME         NAME         STREET ADDRESS         STREET ADDRESS         CITY-ST-ZIP         CITY-ST-ZIP<  | NAME<br>STREET ADDRESS                         |   | ☐ Delete                              | NAME<br>Stree                                  | ET ADDRESS               |                   |                        |               | ☐ Change        | ☐ Addition                    |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP  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 anorthal my signature shall have the same legal effect as if made under oath; that I am a managing member or manager of the   | NAME STREET ADDRESS CITY-ST-ZIP                | certify that the information supplied             | with this filing does not qualify for | NAME<br>STREE<br>CITY-:                        | ET ADDRESS<br>ST-ZIP     | in Chapter 119    | Florida Statutes I fo  | urther certif | by that the inf | Addition Addition             |

limited liability company or the receiver or trusted empowered to execute this report as required by Chapter 608, Florida Statutes.