

2007 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L05000076765

FILED
Apr 30, 2007
Secretary of State

Entity Name: PSDP LLC

Current Principal Place of Business:

4019 MALLARD DRIVE
MELBOURNE, FL 32934 US

New Principal Place of Business:

4800 BERRY ROAD
GRANT, FL 32949 US

Current Mailing Address:

4019 MALLARD DRIVE
MELBOURNE, FL 32934 US

New Mailing Address:

4800 BERRY ROAD
GRANT, FL 32949 US

FEI Number:

FEI Number Applied For ()

FEI Number Not Applicable (X)

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

LYNN, WILLIAM J
4019 MALLARD DRIVE
MELBOURNE, FL 32934 US

Name and Address of New Registered Agent:

LYNN, WILLIAM J
4800 BERRY ROAD
GRANT, FL 32949 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: WILLIAM J LYNN

04/30/2007

Electronic Signature of Registered Agent

Date

MANAGING MEMBERS/MANAGERS:

Title: MGRM () Delete
Name: LYNN, WILLIAM J
Address: 4019 MALLARD DRIVE
City-St-Zip: MELBOURNE, FL 32934 US

Title: MGRM () Delete
Name: LYNN, JULIN L
Address: 4019 MALLARD DRIVE
City-St-Zip: MELBOURNE, FL 32934 US

ADDITIONS/CHANGES:

Title: MGRM (X) Change () Addition
Name: LYNN, WILLIAM J
Address: 4800 BERRY ROAD
City-St-Zip: GRANT, FL 32949 US

Title: MGRM (X) Change () Addition
Name: LYNN, JULIN L
Address: 4800 BERRY ROAD
City-St-Zip: GRANT, FL 32949 US

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: WILLIAM J LYNN

PRES

04/30/2007

Electronic Signature of Signing Managing Member, Manager, or Authorized Representative / Date