## 2006 LIMITED LIABILITY COMPANY ANNUAL REPORT

SIGNATURE;
SIGNATURE AND TYPED OR PRINTED-MANE OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE

## FILED Jul 19, 2006 8:00 am Secretary of State

Date

Daytime Phone #

DOCUI  1. Entity Nam  PDJ INVE	ie	# L050001047		07-19-2006 90092 030 ****55.00						
Principal Place of Business 21501 NW 3RD PLACE PEMBROKE PINES, FL 33029			Mailing Address 21501 NW 3RD PLACE PEMBROKE PINES, FL 33029			harran				
2. Principal Place of Business			3. Mailing Address							
Suite, Apt. #, etc.			Suite, Apt. #, etc.			04202006	Chg-LLC	CR2E08	3 (11/05)	
City & State			City & State			4. FEI Number	0-3675	53/8		plied For Applicable
Zip	Country		Zip	Country		1	of Status Desired	. F	5.00 Addi ee Required	
·		and Address of Current R	7. Name and Address of New Registered Agent Name							
MORALES 21501 NW	3RD PLAC		Street Address (			P.O. Box Number is Not Acceptable)				
PEMBROK	(E PINES,	FL 33029								
Q. The above aggreed patity guidestics this eletermost for the autogood fabouring the spiritual					City FL Zip Code					
<ol> <li>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.</li> </ol>										
SIGNATURE Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE										
Fi Di	i .					check pa Departme	yable to nt of State	ı		
9		MANAGING MEMBER	S/MANAGERS			ADDITIONS/	CHANGES			
TITLE NAME	MGRM MORALES, PETER		☐ Delete TITLI		<b>I</b>				☐ Change	☐ Addition
STREET ADDRESS CITY-ST-ZIP	i .	/ 3RD PLACE KE PINES, FL 33029			ET ADDRESS - ST-ZIP					
TITLE NAME			☐ Delete TITLE			-			☐ Change	Addition
STREET ADDRESS CITY-ST-ZIP					EET ADDRESS '-ST-ZIP					
TITLE			☐ Delete TIT		E				☐ Change	Addition
NAME STREET ADDRESS			-		EET ADDRESS					Ì
CITY-ST-ZIP					'-ST-ZIP					- 1 4 4 4 W
TITLE NAME			☐ Detete	TITL NAM	ne				☐ Change	☐ Addition
STREET ADORESS CITY-ST-ZIP				ı	EET ADDRESS '-ST-ZIP					
TITLE NAME			☐ Delete	Delete TITLE				-	☐ Change	Addition
STREET ADORESS				STR	EET ADORESS 7-ST-ZIP					
TITLE	Delete			TITL	E				☐ Change	☐ Addilion
NAME STREET ADDRESS				1	EET ADDRESS					
CITY-ST-ZIP	portify that the	a information reporting water	this filing does not awall for		(-ST-ZIP	Nin Charter 110	Florida Statutos 16:	ribor contife	that the inte	rmation
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.										