


# 2007 LIMITED LIABILITY COMPANY ANNUAL REPORT

**FILED**  
**Apr 06, 2007 8:00 am**  
**Secretary of State**

04-06-2007 90228 004 \*\*\*\*55.00

**DOCUMENT # L06000034181**

1. Entity Name  
**PERFORMANCE DEVELOPMENT STRATEGIES LLC**



Principal Place of Business  
**5125 FLICKER FIELD CIRCLE**  
**SARASOTA, FL 34231**

Mailing Address  
**PO BOX 22227**  
**SARASOTA, FL 34276**



2. Principal Place of Business - No P.O. Box #  
**5697 Evergreen Dr**

3. Mailing Address  
 Suite, Apt. #, etc.

City & State  
**SARASOTA FL**

City & State  
 Suite, Apt. #, etc.

Zip  
**34233**

Country  
**USA**

Zip  
 Country

01102007 Chg-LLC CR2E083 (12/06)

6. Name and Address of Current Registered Agent

**STRAW, PETER D**  
**5125 FLICKER FIELD CIRCLE**  
**SARASOTA, FL 34231**

7. Name and Address of New Registered Agent

Name

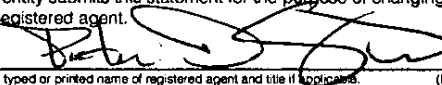
Street Address (P.O. Box Number is Not Acceptable)

City **FL** Zip Code

4. FEI Number Applied For  
 Not Applicable

5. Certificate of Status Desired  \$5.00 Additional Fee Required

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 **4/4/2007**

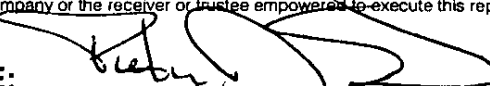
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

**Filing Fee is \$50.00 Due by May 1, 2007**

**Make check payable to Florida Department of State**

9. MANAGING MEMBERS/MANAGERS		10. ADDITIONS/CHANGES	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGR STRAW, PETER D 5125 FLICKER FIELD CIRCLE SARASOTA, FL 34231 <input checked="" type="checkbox"/> Delete →	TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGR STRAW, PETER D 5697 Evergreen Dr SARASOTA FL 34233 <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition

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:  DATE **4/4/2007** 941 302 2655

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE Date Daytime Phone #

ATTACHMENT

LP0032797

#LC6000634181

2/15/2007

To whom it may concern:

Effective March 1, 2007

Performance Development Strategies, LLC will be relocating.

Our new physical address is:

5697 Evergreen Drive, Sarasota, FL 34233.

Business mailing address, telephone and email will remain the same.

PO BOX 22227, Sarasota, FL 34276

941 302 2685

[pdstrawpds@comcast.net](mailto:pdstrawpds@comcast.net)

Please revise your records to reflect this change.

Thank you,

  
Peter D. Straw