


2007 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Mar 14, 2007 8:00 am
Secretary of State

03-14-2007 90208 005 ****50.00

DOCUMENT # L06000075273					
1. Entity Name PDT INVESTOR ML, LLC					
Principal Place of Business 8211 W. BROWARD BLVD., SUITE 350 PLANTATION, FL 33324			Mailing Address 8211 W. BROWARD BLVD., SUITE 350 PLANTATION, FL 33324		
2. Principal Place of Business - No P.O. Box # <i>490 Sawgrass Corporate Pkwy</i> Suite, Apt. #, etc. <i>Suite 310</i> City & State <i>Sunrise, FL.</i> Zip <i>33325</i> Country <i>USA</i>		3. Mailing Address <i>490 Sawgrass Corporate Pkwy</i> Suite, Apt. #, etc. <i>Suite 310</i> City & State <i>Sunrise, FL</i> Zip <i>33325</i> Country <i>USA</i>		03082007 Chg-LLC CR2E083 (12/06) 4. FEI Number <i>20-5284382</i> Applied For Not Applicable	
6. Name and Address of Current Registered Agent GUTTA, KOUTOULAS & RELIS, LLC 8211 W. BROWARD BLVD., SUITE 350 PLANTATION, FL 33324				7. Name and Address of New Registered Agent Name <i>FRANK Gutta CPA P.A.</i> Street Address (P.O. Box Number is Not Acceptable) <i>490 Sawgrass Corporate Parkway Suite 310</i> City <i>Sunrise</i> FL Zip Code <i>33325</i>	
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 _____ (NOTE: Registered Agent signature required when reinstating) _____ DATE _____					
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	MGRM JAGO, PETER 8211 W. BROWARD BLVD., SUITE 350 PLANTATION, FL 33324 <input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM JAGO, Peter 490 Sawgrass Corporate Parkway Suite 310 Sunrise, FL. 33325 <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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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, MANAGER, OR AUTHORIZED REPRESENTATIVE

3/8/07

Date

Daytime Phone #