

2007 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Apr 16, 2007 8:00 am
Secretary of State

04-16-2007 90538 001 ***150.00

DOCUMENT # L06000077171 1. Entity Name PSD INVESTMENTS I, L.L.C.					
Principal Place of Business 3701 STATE ROAD 580 SUITE B OLDSMAR, FL 34677			Mailing Address 3701 STATE ROAD 580 SUITE B OLDSMAR, FL 34677		
2. Principal Place of Business - No P.O. Box # 2721 Merchant AVE Suite, Apt. #, etc.		3. Mailing Address 2721 Merchant AVE Suite, Apt. #, etc.			
City & State Odessa FL		City & State Odessa FL		4. FEI Number 20-8647046 Applied For <input type="checkbox"/> Not Applicable	
Zip 33556		Country US		5. Certificate of Status Desired <input type="checkbox"/> \$5.00 Additional Fee Required	
6. Name and Address of Current Registered Agent FERRAEZ, L.L.C. 1519 DR. MARTIN LUTHER KING ST. N. SUITE A-3 ST. PETERSBURG, FL 33704			7. Name and Address of New Registered Agent Name Julius E Howard Jr. Street Address (P.O. Box Number is Not Acceptable) 2721 Merchant AVE City Odessa FL Zip Code 33556		
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 <small>Signature, typed or printed name of registered agent, and entity is applicable. (NOTE: Registered Agent signature required when reinstating)</small>				DATE 4/12/07	
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 HOWARD, JULIUS E 17702 PATTERSON R.D ODESSA, FL 33556	<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	MGRM HOWARD, CHARLES E II 610 LAFAYETTE BLVD. OLDSMAR, FL 34677	<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	
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	
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: <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE</small>				Date 4/12/07	
J.E. Howard Jr.				Daytime Phone # 813-854-2445	