

**2007 LIMITED LIABILITY COMPANY
ANNUAL REPORT**

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

Zip
33556

Country
US

Zip
33556

Country
US

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

Signature, typed or printed name of registered agent and city if applicable.

(NOTE: Registered Agent signature required when reinstating)

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

Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

Change Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

MGRM
HOWARD, CHARLES E II
610 LAFAYETTE BLVD.
OLDSMAR, FL 34677

Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

Change Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

Change Addition

TITLE
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CITY-ST-ZIP

Delete

TITLE
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Change Addition

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CITY-ST-ZIP

Change Addition

TITLE
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STREET ADDRESS
CITY-ST-ZIP

Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

Change 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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE

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

04-16-2007 90538 001 ***150.00

30005003



04102007 Chg-LLC CR2E083 (12/06)

4. FEI Number
20-8647046

Applied For

Not Applicable

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

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

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FL

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