

# 2007 LIMITED LIABILITY COMPANY ANNUAL REPORT

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

04-16-2007 90538 001 \*\*\*150.00

**DOCUMENT # L06000077173**

1. Entity Name  
PSD INVESTMENTS II, 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

30005064



2. Principal Place of Business - No P.O. Box #  
2721 Merchant Ave  
Suite, Apt. #, etc.

3. Mailing Address  
2721 Merchant Ave  
Suite, Apt. #, etc.

04102007 Chg-LLC CR2E083 (12/06)

City & State  
Odessa FL  
Zip  
33556 Country  
US

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Odessa FL  
Zip  
33556 Country  
US

4. FEI Number  
20-8647104 Applied For  
Not Applicable

5. Certificate of Status Desired ☐ \$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 FL

**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] DATE 4/12/07  
Signature, type or printed name of registered agent and the applicable fee. (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**

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	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"/> Delete
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Delete

**10. ADDITIONS / CHANGES**

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"/> Change <input type="checkbox"/> Addition
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"/> Change <input type="checkbox"/> Addition
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"/> 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:** [Signature]  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE

Date Daytime Phone #

4/12/07 813-854-2445